BHEIREANT MICHENNESS ED TVENTERES UNATA

DUTE OF CECUFICATE OF DEATH

THE REPORT OF THE PARTY OF THE

H

50

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

_	- 4				
5	35	3	CERTIFICATE	OF	DEATH
•	20	3	OBICITI I GALLE	•	

Reg. Dist. 45818

o. COUNTY	tgomery		MAR	YLAND	o. STATEVir	NCE (Whe	ere deceased	lived. If institution b. COUNTY	North		
	f autside corporate limi	ls, write	c. LENGTH OF STAY	IN 1b				ate limits, write R		-	
Bethesda	eorest town)		159 days	- 3			arles		83x	-3	
d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in hospital, g	ive street o	ddress)		d. STREET AD	DRESS			U - K-X	e. IS	RESIDENCE
	cal Center,	Beth	esda 14,	Md.	Rou	te #	1				S NO M
3. NAME OF DECEASED	Fir	st	Middle	•	Lost		4. DATE	Mon	th	Day	Year
(Type or print)	Larry		Hugo		Ames		OF DEATH	Ma	y	19	1958
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRI	ED PA	B. DATE OF BIRTH		9	. AGE (In years		YEAR IF U	INDER 24 HRS.
Male	Negro	WIDOWE	D DIVORCE	0	May 1, 1	952		lest birthdoy) yrs.	Months D	Days Ho	Min.
100. USUAL OCCUPATION	N (Give kind of work	dane 10b. I	CIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLA	CE (Stote o	r fareign cou	intry)	12. CITIZ	EN OF W	HAT COUNTRY
none	ring life, even if retired		none		Vir	ginia	2		U.S	5.A.	
13. FATHER'S NAME			4		14. MOTHER'S A	AAIDEN N	AME				
Percy Per	ry				Salli	e Ame	25				
15. WAS DECEASED EVE			OCIAL SECURITY NO). 17. fr	FORMANT The	Med:	ical R	ecord Add	ress		· · · · · · · · · · · · · · · · · · ·
no	(It yes, give war or dates of s		none	T	he Clinic	al Ce	enter.	Bethesd	la lh.	Marv	land
CATIC	the <u>under-</u> DUE TO (c)	DITIONS C							EN IN PART	PE	VAS AUTOPSY ERFORMED?
	MEDICAL EXAMINER)		RIBE HOW INJURY C					1609			
20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Yea	While at work	Nat while at work	fac	CE OF INJURY (He lary, street, affice I	oldg., etc.)	20t. (City o	or tawn)	(Co	unty)	(State)
· -	at I attended the May	decease , 19 -	8, and that		occurred at	3:30 he Clation	linica nal In	the couses of the couse of the couses of the couses of the couse of the couses of the couses of the couses of the couses of the couse of the couse of the couse of the couse of the couses of the couse of the co	and on the state)	e dote s	5/20/58
220- BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREO		Caperill	e Ba	crematory h	uch	22d. LOCATIO	ON (City, taylo, a	or county)	Va	(State)
23. FUNERAL DIRECTOR	S SIGNATURE	in	ADDRESS	nost	1 /	ATE MA	BY REGISTR	- / /	TRAR'S SIGN	LATURE	

		MADISHERS	
	tractal trop		
		C. St. of Continues and	and described and
	the state of the		
	4		
THE PARTY OF THE P			
3			
	real Billia		
brothers Lill about	off , mount Teacher to		
with the spotting is in		to driver a late of the second of the	
	AND THE SECOND		
Addition	· 【张五红 · · · · · · · · · · · · · · · · · · ·		
ad day		Lucytent, K. II.	

THE THE MEAN STATE OF AN ANTANA OF HE

VS A15 (4) 15M 10/57

		SE 500	
	mile lies		
			Transfer
		of Charles	
		(E)	
			-5-2 2
The state of the s		ally all of the	
	1,52		
A CONTRACTOR OF THE PARTY OF TH			

o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Virgin	ere deceased lived. If institut b. COUNTY	ion: Residence before admission)
Bethesda (Rural)	25 davs	c. CITY OR TOWN (If o	utside corporate limits, write f	RURAL and give nearest lown)
d. NAME OF HOSPITAL (If not in haspital, giver or institution U.S. Naval Hospital,	e street oddress) Bethesda, Md.	d. STREET ADDRESS 3719 10th	Road North	e. IS RESIDENCE ON A FARM? YES NO 🔀
(Type or print) Garrison	n Roix	AREY	4. DATE Mod OF DEATH MAT	
Male White	WIDOWED DIVORCED	Feb. 28, 188		HF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
U. S. Navy	U.S. Navy	Maine		U.S.A.
William A. AREY		Caroline H		
	rice)			above
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO	Cerebral Thrombo			INTERVAL BETWEEN ONSET AND DEATH Appr. 2 weel
Conditions, if any, which gove rise to immediate cause (a), stating the under-lying couse last.	Generalized Ater	iosclerosis		
PART II. OTHER SIGNIFICANT CONDI	ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	20d. INJURY OCCURRED While Not while factor work at work	ACE OF INJURY (Hame, farm, lory, street, office bldg., etc.)	20f. (City ar town)	(County) (State)
21. I certify that I attended the dalive an May 3	deceased from April 9, 19 58, and that death	accurred at 9 A	M. 3 , 19 58 M, from the couses on DORESS (Street, city or town, al Hospital, N	and an the date stated above. state) DATE SIGNED
	,			
PHYSICIAN'S W. B. INGRAM BURIAL, CREMATION, 22b. DATE THEREOF	1, CDR, MC, USN		14, Maryland	
1 Ox 1	b. CITY OR TOWN (If outside corporate limits RURAL and give negres) town. Bethesda (Rural) d. NAME OF HOSPITAL (If not in haspital, give or institution) U.S. Naval Hospital, NAME OF GARTISO SEX G. COLOR OR RACE White White White Od. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) U.S. Navy 3. FATHER'S NAME WILLIAM A. AREY S. WAS DECEASED EVER IN U.S. ARMED FORCE (If yes, give wor or dates of services, no. or unknown) YES WHIT — WHIT IB. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negest lower) Bethesda (Rural) d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION U.S. Naval Hospital, Bethesda, Md. NAME OF BECEASED (Type or print) Garrison SEX 6. COLOR OR RACE White Widowed Outsual Occupation (Give kind of work done during most of working life, even if retired) U.S. Navy 3. FATHER'S NAME William A. AREY S. WAS DECEASED EVER IN U.S. ARMED FORCES? WWI - WWII 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating lihe underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT 19 While Not while of work colleged from April 9 21. I certify that I attended the deceased from April 9	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negated twenth Bethesda (Rural) d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION U.S. Naval Hospital, Bethesda, Md. 3719 10th Correction of Garrison SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male OR. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Navy Maine 10. SINAVY Maine 11. BIRTHPLACE (Stote of during most of working life, even if retired) U.S. Navy Maine 12. MOTHER'S MAIDEN N WILLIAM A. AREY S. WAS DECEASED EVER IN U. S. ARMED FORCES? Iff yes, give wor of dote of service? Yes WILLIAM - WWII WILLIAM - WWII 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOS DUE TO Conditions, if any, which gove rise to immediate cause (a), stotling the underlying couse lost. (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN (IF out work) and work of the immediate cause (a), stotling the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN (IF out work) of work of	b. CITY OR TOWN (If outside corporole limits, write BURAL and give negate lowers) Bethesda (Rural) Arlington Arlington d. NAME OF HOSPITAL (If not in hospital, give street oddress) JOE

	ICATE OF DEATH	** *** ***	ž
	The state of the s		<u> </u>
	100 200 200 200 200 200 200 200 200 200	3 (all)	· = =)
	Treatment was a series		, 61 0 10 10 10 10
			ALCOLD DESCRIPTION OF THE PROPERTY OF
A REPORT OF THE PARTY OF THE PA	AS A SUMPRED DEFENDED STAFAR		
		named States	
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		The state of the s
4 4		Value	7. 2
	OF ROLLS ASSESSMENT OF THE PARTY OF THE PART		
and a			1 - Yall mi
		orn Verlereb	
	all pour les la la consideration		
		A. 2	
	Carlotte	A STATE OF THE STATE OF	
	braigner (el abro con		COST C. N. C. S. S.
(Am) (237	normality turnered insolute		2/3/2
		, and force, and	I Lower coals were

director,	1.	PLACE OF DEATH o. COUNTY	Montgomery	MAR	YLAND 2	. USUAL RESIDENCE (WI	ere deceased	l lived. If institution b. COUNTY	on: Residence be	fore admiss	ian) .
51	T	RURAL and give ned Bethesda (R	ural)	2 hr. 50		c. CITY OR TOWN (IF o	utside corpor		URAL and give n	earest town	3
by the fi	Ţ	d. NAME OF HOSPITA OR INSTITUTION J.S. Naval	Hospital, Bet	chesda, Md.		d. STREET ADDRESS 217 Lawren	ce Dri	lve		e. IS RES ON A YES	IDENCE FARM?
ا م	3.	NAME OF DECEASED (Type or print)	First Ann	Middle Lee		AYRES	4. DATE OF DEATH	Mon		Day	Year 19 58
pletely fille	E	sex Temale	115000 00	WED DIVORCE	0 0	26 May 195	8	9. AGE (In years last birthday) yrs.	Months Doys	R IF UNDE	
ond comple		. USUAL OCCUPATION during most of working Mone	N (Give kind of work dane 16 ng life, even if retired)	None	OR INDUSTR	Maryland	or fareign co	untry)	12. CITIZEN		COUNTRY
af gen de		father's Name James Howar				14. MOTHER'S MAIDEN I		⁄IS			
ing physic ie remove i 72 hours			IN U. S. ARMED FORCES? 1 yes, give wor or dates of services	None		-	H. Ayı	Addr es (Same	44 .		
e ottend en pleos nt withir		PART I. DEAT	H [Enter anly ane cause per H WAS CAUSED BY: IMMEDIATE CAUSE (a)			sis, Bilate	ral		IN Of	TERVAL BE	TWEEN DEATH
ion. en signed by the nsit permit. Ther ond in ony event		Canditions, if on gove rise to im cause (a), stating the lying couse lost.	mediate (DUE TO								
a physici hos beer priol-tran mavol, o	CERTIFICATION	Polycysti	e Kidneys, Bi	lateral, Co	ngenit	al			EN IN PART 1(0)	PERFO	AUTOPSY PRMED?
tificate s the bu n, ar re	AL CERTI	20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY A		ESCRIBE HOW INJURY O							
tal ar o this cer or use a remotia	MEDIC	20c. TIME OF INJURY Hour a. m. p. m.	Whi	. INJURY OCCURRED ile Not while rork at work	20e. PLACE factor	OF INJURY (Home, farm y, street, affice bldg., etc	20f. (City	or tawn)	(Count)	1)	(Stote)
ECTOR FCTOR For detoched for or to buriol, o		- /	May 19		death ac	corred at 2:001	M, fram	eet, city or town, s	nd an the d state)	ate state	
retained RAL DIRE should be stror prior			nneth W. Sell	, LT,MC,USN	m.v	U.S. Naval					
may be roose 3 s page 3 s the regist	I	REMOVAL (Specify)	5-28-58	22c. NAME OF CEM Arlington				ion (City, town, o		(State	e)
ř	23	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		240. REC'	D BY REGISTE	RAR 24b. REGIS	TRAR'S SIGNAT	URE	

and the last the				
		12 x	THE STATE OF	
	Commence of the Commence of th	Total Control of the		
			2.)	Uncest so
		e e		evat .E.L
	THE REAL PROPERTY.			
		Hart Bellin Hole Charles		
		DISPOSE BOWN		
		TOTAL CONTRACTOR		
e 6				E Bubba
	Brown Johnson			
		Company and St		
		Pinty nasque		
		Pinty nasque		
			S. COMM. Top	
			S. COMM. Top	

TALL THE REPORTED TO A TO A PROPERTY OF A PARTY OF A PA

DEP

sxecute the certificate, t should be forworded FUNERAL DIRECTOR 40 6

VS. A15ME

5M 2/57

	Tr.	0	K	2	
	IE.	A	LI	11	1
R: This certificate shauld be executed within 24 hours after death. If any delay is necessory, please	oge	y.	SIII.	to burial, cremation, ar remayol, and in any events within \$2 hours after death.	
ď	0.		D	1	Į
500	0	inc	10	-	
cess	rec	1 7	pi		
De 1	20	o p	Boo		
17 15	Jere	ine	o te	th.	
delo	P.	eto	S	dec	
ny o	the	90	the	er	
10	0	Oy	4	0	
÷	5	E	2	50	
eot	0	96	Pu	(2)	
pre	. 2	Po	2	E.	9
off	es	ej.	65	-	į
55	000	2	odd	2	
ho	Ve	Srim	9	eve	
1 24	Ö	h fe	Ma	7	
thir	တ်	M	mi.	0 1	
×	E	bu	Seri	Pu	
ted	19e	alo	715	Ö	
reci	29.	100	CON	OAC	
	שכנו	Ö	0-1-	E	
a o	a.	200	DUL	20	
nos	1	nine	0	e'	
e s	50	XOU	6	ofic	
600	end	E	sed	E	
rtiff	·a	fice	9	6	
Ce	pro	Med	9 6	101	
This	M	ef	and	pa	
 CZ	1	Chi	S sh	0	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY o. STATE California Montgomery MARYLAND b. CITY OR TOWN (II outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 Days Los Angeles Silver Spring e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 865 Sanborn Ave. U.S. Naval Ordnance Lab. White Oak YES NO K 3. NAME OF DATE Month Day Year DECEASED William Dale BABINGTON 1958 (Type or print) DEATH May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years IF UNDER TYFAR IF UNDER 24 HRS. fast birthday) Months Hours February 9 White WIDOWED | DIVORCED T 26 Male 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. U.S. Navy Louisiana Mariner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Roy D. Babington Nora (Last Name Unknown) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dotes of service) 556 40 3899 Official Navy Records Yes, Currently INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Sudden Asphyxia IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which Drowning gove rise to immediate cause DUE TO (a), stoting the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING Drowned while testing underwater apparatus 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) Not while Silver Spring, Mont., Md. of work R of work Nav. Ord . Lab. 21. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🗍, Inquiry 🔀, opinion death resulted fram: Notural causes , Accident X, Suicide , Homicide , Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 5-28-58 NAME (Type) Frank J. Broschart. Md. DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Whittier, California 5-31-58 Burial Rose Hill Cemeterv **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Chambers. 1400 Chapin St. Washington, D.C. DATEJUN 2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE THE

English the country of the country and the cou



VS A1S (4) 1SM 9/55

1			>	Y	5
ctor,	with	/	1		
directar	filed	/	1	-	1
toy a	should	/	14	1	1
in by the	and 2 sh			7	1
=	6				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5857

CERTIFICATE OF DEATH

Reg. Dist. No

05823

1. PLACE OF DEATH o. COUNTY	Montgomery		MARY	LAND	2. USUAL RESIDI	rgin		d lived. If ins b. COU	NTY E	Residence	e before o	dmlssion)	
	(If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 15	c. CITY OR TO	OWN (If o	ulside corpo						
RURAL ond give i	Bethesda				Castle	eton			8	3 x -	3		1
d. NAME OF HOSP	ITAL (If not in hospital, g	ive street	oddress)		d. STREET AD	DRESS						S RESIDEN	
OR INSTITUTION	Suburban	Hosp	ital									ON A FAR	
3. NAME OF DECEASED (Type or print)	Fir Paul	st	Cafero.		Barido	on	4. DATE OF DEATH	Ŋ	Month		16	Yeor 19	58
5. SEX	6. COLOR OR RACE	7. MARI	RIED A NEVER MARRI	ED 🗍	8. DATE OF BIRTH			9. AGE (In ye				UNDER 24	-
Male	White	WIDOW	ED DIVORCE		June 21,	. 188	6	lost birthd	yrs.	Months	Doys H	ours N	lin.
10a. USUAL OCCUPAT during most of wo	ION (Give kind of work or rking life, even if retired	one 10b.	Retired	R INDU	STRY 11. BIRTHPLA			ountry)			ZEN OF V	VHAT COL	NTRY?
13. FATHER'S NAME					14. MOTHER'S	MAIDEN	IAME						
	Unknown				Ur	nknow	n						
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. 1	NFORMANT				Addre	. Bet	hesda	, lid.	
(Yes, no, or unknown)	(It yes, give war or dates of s	ervice		Cl	ark Bario	don, (Son)	6001 1	las	sachu	sette	s Ave	enu
	immediate DUE TO	, Cc	URONAL	E	HEAL	RT +E	B12050	LOCK	?os	15	ONSET	AL BETWEI	TH
	THER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION	GIVE	N IN PART	1(0) 19.	WAS AUTO	PSY
3												S NO	
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)		CRIBE HOW INJURY O	CCURRE	D. (Enter noture of	injury in I	Part I or Por	t II of item 1B	.)				
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yea	While	NJURY OCCURRED Not while		ACE OF INJURY (Hectory, street, office			or town)		(C	ounty)	(5	tote)
21. I certify t	hat oftended the	deceas		11-1	58. 19	to_5	1/16	1 8 19		that I l	ast sow	the dec	eosec
olive on	Michel 2	5/1/	Hales	deoth	occurred of !	5 H1	AM, from ADDRESS (S	treet, city of to	es ar	id an th	e dote	DATE S	bove IGNE
PHYSICIAN'S NAME (Type)			0										
220. BURIAL, CREMATI REMOVAL (Specify		1958	FAIRVIEW	Ce.	R CREMATORY METHRU		22d. rgCA	TION (City, to	wn, or	county)		(Stote)	
23. FUNERAL DIRECTO	Home count	Run	- Culper	ner.	/	24a. REC' DATE M	D BY REGIST AY 1 9	'58 24b	REGIST	RAR'S SIG	NATURE		

MARYLAND STATE DEPARTMENT OF HEALTH -EARTIMORE, 18

at the gat		ADPINIO	
	10 (a)		
ne entre di la cita di la companione			
	Maria Division Comme		and the second
		1	TOTAL TOTAL CONTRACTOR
	100	Thrown count	And Annual Impersons in
			DI SOT STATE OF THE PARTY OF TH
		5.5	
Sent the sent of t			
	5 Mingres Jan		S months of

			gi ^c	- 40
4		0,	#	1
60		Te L	3	1
		ō	File	
to de				
P		fun	5	`
offe		he	sho	
rs		by	7	
hou		.=	0	
24		led	2	
<u>2</u> .		三	oge	
₹		elel	0	
eq		nple	ers.	
noa		50	pop	ath
ex		P	E/0/	0
be		5	g	ffer
ote		icio	9	6
Ť,		hys	Ó	hon
cer		9 6	9	72
하		ndir	ose	2.0
de		otte	g	3
the		Je c	hen	ant
pat		1 ×	-	eve
35		ð.	Ė	any
S.		gne	per	.5
red	on.	n Si	sit	puc
30	/Sici	pee	ro	7,
- e	ę	03	0	200
F	Bui	e h	bur	ren
¥	pue	ico	he	0
$\frac{5}{2}$	to	erti	00	on,
H	ö	S	Se	nati
0	ig	+	0	Crer
ž	Sp	ē	9	6
물	le b		ic.	Ser.
E	y II	õ	det	0
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	ay be retained by the Aspital or attending physician.	EUNERAL DIRECTOR for this certificate has been signed by the attending physician and completely filled in by the fund. I director,	age 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should filed with	e registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death.
0	ine	ā	20	Pr
Z	ref	AL	hou	troi
SPI	e e	ZEN	3	siga.
5	ó	5	og.	2 0

CERTIFICATIC

MEDICAL

	MARYLAND 5858		ENT OF HEALTH—E	BALTIMORE, 18	
	0000	CERTIFICA	ALE OF DEATH	Reg.	Dist. No. UO45
1. PLACE OF DEATH o. COUNTY Montgome:	2V	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE Maryland	eceased lived. If institution: Res b. COUNTY Montgol	A CONTRACTOR OF THE PARTY OF TH
RURAL ond give neares	side corporate limits, write I town)	c. LENGTH OF STAY IN 16	h1	corporate limits, write RURAL o	
OR INSTITUTION	f not in hospital, give stree		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
_Montgomery (lounty Genera	l Hospital	Emory Lane		YES NO 1
3. NAME OF DECEASED	First	Middle	Lost 4. D	ATE Month	Day Year
(Type or print)	James	Willi.		EATH May	14 19 5
5. SEX 6.	White WIDOV	RHED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
	Give kind of work done 10b	KIND OF BUSINESS OR INDU Retired	STRY 11. BIRTHPLACE (Stote or form		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
George 1	homas Barnsl	ev	Mary Wil	lett	
15. WAS DECEASED EVER IN			Myrtle B. Barn	Address	
PART I. DEATH V	DUE TO which (b)		Salerotic 14	trait live	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?

20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)

21. I certify that I attended the deceased from 41. 19.55, to 19.55, to 19.55, that I last saw the deceased alive on 1.3. 19.55, and that death occurred at 1.00 M, from the causes and on the date stated abave.

ACTUAL SIGNATURE

M.D. ACTUAL SIGNATURE

YES NO

PHYSICIAN'S NAME (Type)

J W Bird, M D Sandy Spring, Maryland

220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

BURIAL (Specify) 5/16/58 Friends Cemetery Sandy Spring

22c. NAME OF CEMETERY OR CREMATORY

Burendy Ad (Specify)

5/16/58

Priends Cemetery

22d. Location (City. lown, or county)

Sandy Spring, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Robert A. Pumphrey Bethesda, Maryland DATE MAY 16'58

The state of the s	7		At at wife	
111-200 111-20				
The property of the property o				
A STATE OF THE STA				
HERE AND ADDRESS OF THE PROPERTY OF THE PROPER				
The state of the s				
The second secon				
The property of the property o				
The part of the pa				
The second secon				
The way of				
The ways of the second of the		The second second second		
The property of the property o				
The state of the s				
The product of the pr				
THE REPORT OF THE PROPERTY OF				nara a Médica.
The state of the s				rum i HA
The first of the second form of				no Santana Zen
The High State of the Control of				no 1 , 111 19163 -
The second secon	1			po N. palento
The contract of the contract o	1			
The control of the co	- 11-11-1			
The country of the state of the	Company of the second of the s		Stand St	en transport
The second secon	Chew Called III		Stand St	To the time of tim
	Chew Called III	Higher St. 1 and 1	Stand St	A Vilhes 1 To
	December 1997		The state of the s	AND

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5359 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. NJ.5825

1, PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE
Montgomery MARYLAND	Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN*(If autside corporate limits, write RURAL and give nearest town)
Kensangton	26 Rockville
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Kensington Gardens	108 W. Argyle Street
3. NAME OF First Middle Middle	Lost 4. DATE Month Day Year
(Type or print) ELEANOR R.	BAUMEL DEATH MW. 6 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Mgeths Beys Hours Min. Mgeths Mgeths Beys Hours Min. Mgeths Mgeths
Female White WIDOWED DIVORCED	
10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
Housewife Own Home	New York City USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Blasenbrey	Mary Dadey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
(Yes, no. or unknown) (If yes, give war or dates of service) None Mi	rs Eleanor Kay-Item# 2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	OMSET AND DEATH
581.0 DUE TO 1.	of dailline andays
	T. 111 + 1
Conditions, if any, which gave rise to immediate	uner, Post reliable 7 mis.
cause (a), stoting the under-	3.1
lying couse last. (c) (c) (c)	annin'
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF LIFE EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II af item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a. m. p. m. While Nat while at work at work	ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from 4-23	1958, ta 5-5, 1958, that I last saw the deceased
alive an May 5, 1958, and that death	accurred at 1300M, from the causes and an the date stated above
001 1 1 1 1 1	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE Cohen J. Historelean	M.D. 10609 Concord St. Kens. Md. 5/6/58
PHYSICIAN'S Robert T. Thibadeau	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 5/8/58 Darnestown	Church Cem. Darnestown, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Robert A. Pumphrey-Bethesda, Maryla	and DATMAY 8 '58 All Lesuch

			A viceographic	
	112-1-5		nor item	
James ely				
# 1	Janua			
Print.	1./33/10 1	X	evi-	
			97 . 1900	
χ	obsiller all		rendonanici, kom	
aj-libery 2	(como El epo	Roue	ACM CONTRACTOR OF THE	5
,				
	TEN L			
			.T Just I.	
. directions a	nderumbe n Church Con.	ник, оны и г. д веоги гити С		TAX:

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ND	2. USUAL RESIDENCE (WHO O. STATE Virgi		d lived. If instituti b. COUNTY	ion: Residenc	e befo	ore admiss	ion)			
16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
n.	V. Carlotte and the control of the c									
	d. STREET ADDRESS					e. IS RES	IDENCE			
	3916 Bruce S						NO E			
	BENGE	4. DATE OF DEATH	Mor Ma;		Do	2	Yeor 58			
	8 May 1958		9. AGE (In years lost birthdoy) yrs.		YEAR Days	Hours	R 24 HRS.			
NDUS	Maryland		country)	12. CITIZ		J.S.	COUNTRY			
	14. MOTHER'S MAIDEN N Kathryn Lee		ETT							
_	ther) Albert	H. Be	nge (Same	ress e As #	2)					
					INT ON	ERVAL BE	TWEEN			
tu	rife				6.	h 4	16 m			
BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 1	9. WAS A	AUTOPSY RMED?			
JRREC). (Enter nature of injury in P	Port I or Par	t II of item 18.)							
foc	CE OF INJURY (Home, farm, tary, street, affice bldg., etc.	20f. (City	or tawn)	(Co	ounty)		(State)			
	, 19 <u>58</u> to 8		19.58	,that I lo	ast so	ow the	decease			
ath	occurred at 5:10P.	M, from	n the causes a	and an the	e da	te state	d abave			
LA	A.D. U.S. Naval				Mo		9-58			
	U.S Naval	Hospi	tal, Bet	hesda,	M	d.				
	CREMATORY 1 Cemetery	22d. LOCAT	ION (City, town, o	r county) irgini	La	(Stote	*)			
o t.h	240. REC'D	BY REGIST	RAR 24b. REGIS	STRAR'S SIGN	NATUR	RE	193			

The state of the s	CERTIFICATE OF BEATH VALUE OF	
The state of the s		
	Market Market Company (1985) - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COM TEXAS . I
	No. of the second secon	
		SAME PER SERVICE

M

M	ARY	LAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18
	1	586	1 CERTIFICATE	OF	DEATH	Re

eg. Dist. No. 05827

	PLACE OF DEATH	ntgomery		MARYL	AND	2. USUAL RESIDENCE o. STATE Marvlar		ere decease	b. COUNTY			e admiss	ion)
	b. CITY OR TOWN (If	outside corporate limit	s, write	c. LENGTH OF STAY II	ч 16	c. CITY OR TOW	'N (If or	utside corpo	orote limits, write l			rest town	1)
	Bethesda	aresi town)		32 day	S	X Betheso	la						
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street			d. STREET ADDR	ESS					. IS RES	IDENCE FARM?
		cal Center.	Bet	hesda lu. M	id.	10010 F	lem	ing A	venue				NO 🕁
3.	NAME OF	Fir		Middle		Last		4. DATE	Mo	nth	Day	,	Year
	DECEASED (Type or print)	Fr	ed	Wesle	v	Bode		OF DEATH	Ma	V	23		1958
5.	SEX			RIED NEVER MARRIED	4	B. DATE OF BIRTH			9. AGE (In years	IF UNDE	RIYEAR		ER 24 HRS.
	Male	White	WIDOWI			October 1	. 1	953	last birthday)	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work of	lone 10b.	KIND OF BUSINESS OR	INDU				country)	12. CI	TIZEN O	F WHAT	COUNTRY?
	Minor chil	ing life, even if retired		None		Wash	ing	ton,	D. C.		II.	S. A	
13.	FATHER'S NAME	La		HOHE		14. MOTHER'S MA			D. U.		0.	0 1	
	George F.	Rode				Joyce	A R	rown					
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 1				Record Add	dress			
{Ye	No. or unknown)	If yes, give wor or dates of s	ervice)	None	T	he Clinica				de Il.	Ma	rvla	nd
-		TH Finter only one on	use ner liv	ne far (a), (b), and (c).]	1	ne offine	LaL U	CHICEL	, De ones	wa ari	-		TWEEN
		H WAS CAUSED BY:		(2) (1)		0 11-	. 6	00 100	0.0		ONSI	ET AND	DEATH
	20112	IMMEDIATE CAUSE (a		Chex	nce	x Hen	VOV	200 A COL	7-4		- 2	(LEL)	cours
	604	DUE TO		A H	-	0.		4.5 (0		7	2 200	H.
	Canditions, if an	mediate		usu	Cl	igmpro	ceg	re 1	colliner	July .		PY	onlus
	tying cause last.	he under-											
z		FR SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH DIT	NOT PELATED TO THE	E TEDAMI	NAL DISEAS	SE CONDITION G	VENI INI PA	PT 1/01 19	O WAS	ALITOPSY
CATION	PARI II. OIN	ER SIGNIFICANT CON	, DITIONS	1 1					SE CONDITION OF	VEIA HALV	KI 1(0)	PERFO	DRMED?
	20a. ACCIDENT WA	PTICEM	20h DEC	CRIBE HOW INJURY OC		brillo coc			of II of item IR)			1E2 D	NO 🗆
L CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY OC	CORRE	D. (Enter house of in	ory in r	OIT T OF TO	in or new 10.3				
MEDICAL		Month, Day, Ye				ACE OF INJURY (Hometory, street, office bld			y or town)		(County)		(State)
MED	Hour a.m. p.m.	19	While at wor	k at work		cross, street, arrice pre	.g., c.c.						
	21 I certify the	at I attended the	decens	ed from Apri	1 2	1 , 19 58, 1	0	May 2	3. , 19.5	8 that I	last sa	w the	deceased
		lay 23				occurred of 3:		AM fro	m the couses	and on	the dot	e stat	ed above
	dire on				ucum	occorred organ			street, city or town		ine doi		ATE SIGNED
	ACTUAL	Quallar	K	· Heen		Mp The Cl	ini	cal C	enter			5/2	3/58
	SIGNATURE	wexux		0,000					tutes of	Heal	+h		
	PHYSICIAN'S NAME (Type)	Richard K.	Shaw	, M. D.		Bethes			aryland	1100.1	OII		
220				22c. NAME OF CEME	TERY O				TION (City, town,	or county)		(Sta	le)
u	TRIMOVAL (Specify)	N, 22b. DATE THERECO	7_50	Old Ston:					nington		line		
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			s. REC'I	D BY REGIS		ISTRAR'S S			
	ROBERT A	• PUMPHRE	Y, 1	Bethesda,	Md	• DA	TE	MAY 2	6 '58	126	2	1	

2-10 - 10 E 10 E		TARON DEATH	CERTIFICA		
		THE PARTY			
					MEDICAL ON
		And the last of th			
		Hally Officer		alter . Tubel?	SHAP OF B
			Sepone in		
	s .				10
	2000				
MINI AV					NO STORY OF STREET
					HALL SHOW
na tritta i kon dita Kabupatèn kon sen		112 W			
	asi fenter				
Suttine 1 to					
• 1	al respective		1-1	Carlotte Carlotte	
		.as J go			
			, 5		

VS A1S (4) 15M 10/57 Light.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5862

CERTIFICATE OF DEATH

Reg. Dist. NS 52828

	1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where of District	deceased lived. If institution:	Residence before admission)						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (Rural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside Washington	e corporate limits, write RURA	AL and give nearest town)						
/	d. NAME OF HOSPITAL (If not in hospital, give street OR INSUTUTION HOSPITAL, Bet	hesda, Md.	d. STREET ADDRESS 20 Tucke:	rman St., N.W	e. IS RESIDENCE ON A FARM? YES NO						
	3. NAME OF First DECEASED (Type or print) Frank	Middle Robert	BORK Jr.	DATE Month OF DEATH May	Day Year 16 19 58						
		RRIED NEVER MARRIED	B. DATE OF BIRTH 17 July 1887		UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.						
I	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mariner 19 FATHER'S NAME Frank Robert BORK	.S. Navy (Retired		Jersey	12. CITIZEN OF WHAT COUNTRY? U.S.						
			NFORMANT ife) Mrs. Lucil	Address	me As #2)						
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: The profit on of Management is a series of the condition of Management is a series of the condition of th									
	Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO	Arteriosclero			years						
2	PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF LIFE EITHER, NOTIFY MEDICAL EXAMINER)				IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO						
			D. (Enter nature of injury in Part I								
	Hour a.m. Whil		ACE OF INJURY (Home, farm, 20 tary, street, office bldg., etc.)	Of. (City or town)	(County) (State)						
	21. I certify that I attended the decedrative an 15 May ACTUAL SIGNATURE ACTUAL SIGNATURE	used from 12 May 58, and that death	ADDI	, fram the causes and RESS (Street, city or town, stat	hat I last saw the deceased an the date stated abave. DATE SIGNED eada, Md.5-166-58						
1	PHYSICIAN'S W.B. INGRAM, CD				esda, Md. 5-16-58						
	220. BURIAL, CREMATION, 22b. DATE THEREOF BUT 191 5-20-58	Arlington Nat		COCATION (City, town, or correlatington, Vir							
	Deal Funeral Home, 4812 Ge		D.C. PEC'D BY		AR'S SIGNATURE Such						

MARYLAND STAYE DEPARTMENT OF HEALTH-MARTIMONE, 18

A COMMENT

STATE OF THE PARTY			
		()	
A PART OF THE ACT AND THE PART OF THE PART		Liver I	
		ENTROPIES AND	
			Ter.
		Wile ve	
(c. to her) the action one (ct.)			
	dilector f		
erate:			
A Self-almotyme Sen			
Charles of the course of the course of the			
and the suppose of the suppose state of the	mui, some	umpra .1,	
			18, 20
The state of the s	THE PERSON NAME OF		

M	5863 CERTIFICATE OF DEATH Reg. Dist. No.	15829								
M	1. PLACE OF DEATH a. COUNTY Montgomery Maryland 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE Maryland Maryland Maryland Nontgomery Maryland	admission)								
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Olney 5 days c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) Dayton	est tawn}								
73	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d. STREET ADDRESS e.	IS RESIDENCE ON A FARM? YES NO								
	3. NAME OF DECEASED (Type or print) Frederick Lee Bright OF DEATH May 7	Year 19 58								
	Male Colored Widowed Divokced 3/1/30 yrs. 2									
	10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) Child 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Waryland U. S	WHAT COUNTRY								
	13. FATHER'S NAME FRANK Powell Shelia Lee Bright									
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) NO 16. SOCIAL SECURITY NO. 17. INFORMANT Address hospital records									
	DART I DESTRUMENT OF A STATE OF THE STATE OF	VAL SETWEEN T AND DEATH								
any event	493 x DUE TO anemia and prematrity Canditions, if any, which) (b)									
	gave rise to immediate cause (a), stating the under-lying cause last. DUE TO									
O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTIN	WAS AUTOPSY PERFORMED? YES NO								
٥										
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st. p. m. 19 at wark at work at wor	(State)								
	21. I certify that I attended the deceased from 3/7, 1950, to 5/7, 1952 that I last saw the deceased alive an 1958, and that death accurred at 5:15 PM, from the causes and an the date stated above.									
	ACTUAL SIGNATURE Charles 5. White where	DATE SIGNED								
1	PHYSICIAN'S NAME (Type) C. S. Whiteham Clarksville, Maryland									
	22a. SURIAL, CREMATION, BEIOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 22d. LOCATION (City, town, or county)	(State)								
80	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE ADDRESS	· / Cl.								
1.	2072162VV2									

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

The state of the s NONE FRANK POWELL NenE productions of both as hop every sit was a A Said as beauty a resident for the Said as B. Rini 5/6/38 BROWN'S Chapel Dayton
F.C. Higinhothem Ellicott City, MA 1414

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5864 CERTIFICATE OF DEATH

Reg. Dist. No. 583()

b. CITY OR TOWN		PLACE OF DEATH	Montgome	ry	MARY	rLAND 2	Penns	DENCE (WH	iere deceased	lived. If instituti b. COUNTY		befare ac	Imission)
Bethesda A NAME OF INSTITUTION The Clinical Center, Bethesda ll, Md. No street address				ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If a	utside carpore	ate limits, write R	URAL and gi	ve nearest	town) 🗸
OR INSTITUTION The Clinical Center, Bethesda ll, Md. No street address Content Co					120 day:	s	Rahns	3		7	5 x-	3	
The Clinical Center, Bethesda 11, Md. No street address NAME CF Middle Middle			AL (If not in hospital, g	ive street	address)		d. STREET A	ADDRESS					
December Paul Grahm Brown Jr. Death May Funds Year			al Center,	Bet	hesda 14, 1	Md.	No st	reet	addres	S			
S. SEK G. COLOR OR RACE 7. MARRIED NEVER MARRIED NOCKED 2. October 1941 9. AGE (in part light-index) 10. USUAL OCCUPATION (inv kind of work done during most of working life, even if retired) NONE 10. USUAL OCCUPATION (inv kind of work done during most of working life, even if retired) NONE NONE 11. BIRTHPACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY STUDENTS NAME NONE		DECEASED		st			1-14-1	_	OF		ith		
Male White widowed Divorces 2 October 1941 In Charles Days Hour Main. 100. USUAL OCCUPATION (Give kind of work done and the provided of the p	-			7. MADI							IF UNDER 1	-	
Student 13. FATHER'S NAME Paul Grahm Brown 15. WAS DECASED EVER IN U. S. ARMED FORCES? IX. SOCIAL SECURITY NO. INFORMANT THE Medical Record diversed (TYE. to. or unknown) 16. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gave rise to immediate course (b), indiring the under line (b) Conditions, if ony, which gave rise to immediate course (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTENBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) III. PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) II. Was A AUTOPSY PERFORMED? YES DO OC. TIME OF INJURY Month, Day, Year Mour on m. p. m. 19. 58. and that death occurred of injury in Part I or Part II of item 18.] OC. TIME OF INJURY Month, Day, Year Mour on m. p. m. 21. I certify that I attended the deceased from 30 January 1528, to 30 May 19.58, that I last saw the decease alive on 30 May 19.58 and that death occurred of 122.05 M, from the causes and on the date stated above ADDRESS (Street, city or lown, stote) ACTUAL FRANCE AND PART I HEREOF Schwanks VIII e Cem. 22. FUNERAL CREMATION, 276. DATE THEREOF 27. NAME OF CREMETERY OR CREMATORY Schwanks VIII e, Pen Ma. 23. FUNERAL CREMATION, 276. DATE THEREOF 12. NAME OF CREMETERY OR CREMATORY Schwanks VIII e, Pen Ma. 24. RECLO BY RECISERS 28. 246. RECLO BY REGISTRARS 28. 246. R		Male								last birthday)			
Student None Pennsylvania U.S.A. 13. FATHER'S NAME Paul Grahm Brown 15. WAS DECASSED EVER IN U.S. ARMED FORCES? Inc. SOCIAL SECURITY NO. INFORMANT The Medical Record diverses with the following of the property of the control of t	10a	USUAL OCCUPATIO	N (Give kind of work	ione 10b.	KIND OF BUSINESS C	OR INDUSTR	11. BIRTHPI	LACE (State	ar foreign cau	untry)	12. CITIZ	EN OF W	HAT COUNTRY?
Paul Grahm Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record direct to the control of the contro			ing the, even it terries	348	None		Penn	sylva	nia		I	J.S.A	•
S. WAS DECEASED EVER IN U. S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record decires 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record decires 18. CAUSE OF DEATH [enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY Respiratory insufficiency ONSET AND DEATH Wk. ONSET AND DEATH Wk	13.	FATHER'S NAME					4. MOTHER'S	MAIDEN N	NAME				
Not Available The Clinical Center, Bethesda ll., Maryland		Paul Grahm	Brown			1	Ruth	Pete	rson				
Not Not Not Available The Clinical Center, Bethesda 11, Maryland					SOCIAL SECURITY NO). 17, INFO	RMANT T	he Me	dical	Record	ress		
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Respiratory insufficiency No. 1			ir yes, give wor or bulles of s		ot Availab	le Th						Mar	vland
Due to Conditions, if any, which gove rise to immediate couse (a), stating the under lying couse lost. Part II. Other Significant conditions contributing to Death But not related to the terminal disease condition given in Part 1(c) 19. Was autopsy performed by the pulmonary metastases. Due to (c) Part II. Other Significant conditions contributing to Death But not related to the terminal disease condition given in Part 1(c) 19. Was autopsy performed by the part II. Other Significant conditions contributing to Death But not related to the terminal disease condition given in Part 1(c) 19. Was autopsy performed by the part II. Other Significant conditions contributing to Death But not related to the terminal disease condition given in Part 1(c) 19. Was autopsy performed by the part II. Other Significant Conditions contributing to Death But not related to the terminal disease condition given in Part 1(c) 19. Was autopsy performed by the part II. Other Significant Conditions (c) 19. Describe how injury occurred. (Enter nature of injury in Part I or Part II of item 18.) The occurrence of the part II. Other Significant Conditions contributing to Death But not related to the federal part of the part II. Other Significant Conditions (c) 19. Described by the part II. Other Significant Conditions (c) 19. Described by the part II.		18. CAUSE OF DEA	TH [Enter anly one co	use per li	ne far (a), (b), and (c).					, , , , , ,		INTERVA	L BETWEEN
Due to Conditions, if any, which gove rise to immediate couse (o), tothing the under lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO DO CONTRIBUTING DICAUSE OF DEATH III ETHINER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 19 While Not while of work of		PART I. DEAT	H WAS CAUSED BY:	Res	piratory in	nsuffi	ciency	350					
Conditions, if any, which gove rise to immediate course (o), stoling the under lying course lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED. PERFORMED													
gove rise to immediate couse (o), stating the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES 20 ACCIDENT WAS UNDERLYING AUTOPSY PERFORMED? YES 20 NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20. ACCIDENT WAS UNDERLYING AND CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTI			y, which) th	Cho	riocarcino	ma wit	h pulm	onarv	metas	tases		6-	7 mos.
Jying couse lost. C: Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter onto II or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter onto II or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter onto II or Part II or Par			mediate (
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMEDS YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) 20c. TIME OF INJURY Month, Day, Year While Not work of the work of work of work of work of work of the work of work of work of the work												Table .	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 While at work of wor	ZO	PART II. OTH			ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. W	AS AUTOPSY
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 While at work of wor	CAT												
21. I certify that I attended the deceased from 30 January, 1958, to 30 May 1958, that I last saw the deceased alive an 30 May 1958, and that death occurred at 12:05P M, from the causes and on the date stated above ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE FROM THE Clinical Center 5-30-58 PHYSICIAN'S I. Bernard Weinstein, M. D. National Institutes of Health Bethesda 14, Maryland 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Schwenksville, Penna. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bethesda, Md. 24a. REC'D BY REGISTRAR'S SIGNATURE ADDRESS Bethesda, Md. 24a. REC'D BY REGISTRAR'S SIGNATURE	CERTIF	OR CONTRIBUTING	□ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED. (Enter nature o	of injury in f	Part I or Part	II of item 18.}			
21. I certify that I attended the deceased from 30 January, 1958, to 30 May 1958, that I last saw the deceased alive an 30 May 1958, and that death occurred at 12:05P M, from the causes and on the date stated above ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE FROM THE Clinical Center 5-30-58 PHYSICIAN'S I. Bernard Weinstein, M. D. National Institutes of Health Bethesda 14, Maryland 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Schwenksville, Penna. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bethesda, Md. 24a. REC'D BY REGISTRAR'S SIGNATURE ADDRESS Bethesda, Md. 24a. REC'D BY REGISTRAR'S SIGNATURE	VEDICAL	Hour a.m.		While	Not while	20e. PLACE factor	OF INJURY (Hame, farm e bldg., etc.	20f. (City (or town)	(Co	unty)	(State)
alive an 30 May 19 58 and that death occurred at 12:05P M, from the causes and on the date stated above ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE I, Bernard Weinstein, M. D. PHYSICIAN'S NAME (Type) 1. Bernard Weinstein, M. D. PHYSICIAN'S NAME (Type) 1. Bernard Weinstein, M. D. PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 321. DATE THEREOF 322. NAME OF CEMETERY OR CREMATORY 323. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bethesda, Md. 240. REC'D BY REGISTRAR'S SIGNATURE ADDRESS Bethesda, Md. 240. REC'D BY REGISTRAR'S SIGNATURE ADDRESS Bethesda, Md.	2					00000	E8	2	O More	F. S	2		
ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) I. Bernard Weinstein, M. D. PERMOVAL (Steptian Sit 5-31-58 Schwenksville Cem. PHYSICIAN'S NAME (Type) I. Bernard Weinstein, M. D. PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) National Institutes of Health Bethesda 14, Maryland PHYSICIAN'S SIGNATURE Schwenksville Cem. PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) National Institutes of Health Bethesda 14, Maryland PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) National Institutes of Health Bethesda 14, Maryland PHYSICIAN'S NAME (Type) National Institutes of Health Bethesda 14, Maryland PHYSICIAN'S NAME (Type) PHYSICIAN'S				deceas	ed from. 20 0.	anuary	, 1920	_, to2	n may	, 19_29	2,that I lo	ist saw t	he deceased
ACTUAL SIGNATURE SIGNATURE J. BOUNDAL J. B. The Clinical Center 5-30-58 PHYSICIAN'S NAME (Type) I. Bernard Weinstein, M. D. National Institutes of Health Bethesda ll, Maryland 220. BURIAL CREMATION, 22b. DATE THEREOF SCHWENKSVILLE CEM. SCHWENKSVILLE, Penna. 220. FUNERAL DIRECTOR'S SIGNATURE SCHWENKSVILLE CEM. 231. FUNERAL DIRECTOR'S SIGNATURE BETHESDA Md. 240. REC'D BY REGISTRAR'S SIGNATURE BETHESDA Md.		alive an DU I	na.y	, 19_	20, , and that	death o	curred at					e date s	
PHYSICIAN'S NAME (Type) I. Bernard Weinstein, M. D. National Institutes of Health Bethesda 11, Maryland 220. BURIAL CREMATION, 22b. DATE THEREOF BURIAL STEMATION Sit 5-31-58 Schwenksville Cem. 23. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY ADDRESS Bethesda, Md. 240. REC'D BY REGISTRAR'S SIGNATURE ROBERT A. PUMPHREY ADDRESS Bethesda, Md.		ACTUAL	- Raine	(/	/ laint	92.	m				state)	_	
NAME (Type) I. Bernard Weinstein, M. D. Bethesda lli, Maryland 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Schwenksville Cem. Schwenksville, Penna. 23. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY ADDRESS Bethesda lli, Maryland 22d. LOCATION (City, town, or county) Schwenksville, Penna.		SIGNATURE	-, vserva	ux	Wennex	MUM.D							30-58
Burst 21 Special Strain Sit 5-31-58 Schwenksville Cem. Schwenksville, Penna. 23. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY Bethesda, Md. 240. REC'D BY REGISTRAR'S SIGNATURE Bethesda, Md.			I. Bernar	d We:	instein, M.	. D.	B B	ethes	da 14,	titutes Marylan	of Hea	11th	
23. FUNERA DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY ADDRESS Bethesda, Md. 240. REC'D BY REGISTRAR'S SIGNATURE	220 3 U	BURIAL CREMATION											
	23.	ROBERT	SIGNATURE PUMPI	IREY	ADDRESS		3	24a. REC'I	D BY REGISTR				4 •

HIAMITTO STADISTICATE OF DEATH THE COURSE OF THE PARTY OF THE The comment WALLES TO THE SECTION OF THE SECTION a Acreti Commential DEALERS AND A SERVICE STREET, THE PROPERTY OF nn 201

witter-remain partial commentary him to the commentary at the commentary and the commentary and the commentary and the commentary are commentary and the commentary and the commentary are commentary and the commentary are commentarily and the commentary are commentarily and the commentary are commentarily and the commentarily are commentarily are commentarily and the commentarily are commentarily are commentarily and the commentarily are commentarily are commentarily are commentarily and an are commentarily are commentari

LONATE ALL STATES

T. bottoned to the land of the

VS A1S (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5865 CERTIFICATE OF DEATH

Reg. Dist. No.

1	o. COUNTY MON	TGOMERY	MARYLAND	2. USUAL RESIDENCE (W	here deceased live		n: Residence be MONTGO		ion)
1	b. CITY OR TOWN (If or RURAL and give near SILVER S		c. LENGTH OF STAY IN 16 6 months	c. CITY OR TOWN (IF	outside corporate		URAL and give n	earest town)
	OR INSTITUTION	(If not in hospital, give street 749 Silver Spr		d. STREET ADDRESS 748 Sil	lver Spr:	ing Ave	nue		IDENCE FARM? NO DE
3	NAME OF DECEASED (Type or print)	First FLORA	Middle LUCENDI B	Lost BUCKNER	4. DATE OF DEATH	Mon	th (Yeor 19 58
4	SEX 6	WHITE WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1/11/77	9. 4	GE (In years birthday) yrs.	Months Days		R 24 HRS. Min.
Ī	0o. USUAL OCCUPATION during most of working Housewife	life, even if retired)	Own home	STRY 11. BIRTHPLACE (Stote North Ca		(۲)	12. CITIZEN	OF WHAT	COUNTRY
ī	3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	Larkin	lodges		Temple Gr	regg				
ī	5. WAS DECEASED EVER IN	N U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	INFORMANT		Adde	ess		-
	no	es, give war or oares or service;	none M	Ir. Robert Rho	oades, 1	809 Bri	sbane S	t.	
	Conditions, if any, gove rise to imm couse (a), stating the lying cause lost.	under- DUE TO (c)					,		
	trac	lured hi	CONTRIBUTING TO DEATH BUT	this - m	Walie	ism	EN IN PART 1(a)	PERFO	AUTOPSY RMED? NO 🌠
10000		JNDERLYING TO CAUSE OF DEATH DICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II o	files 18.)	how	2.	
	20c. TIME OF INJURY Hour a.m. 903,0 p.m.	Month, Day, Year 20d. I 20 30 19 57 While at wo	Not while # fo	ACE OF INJURY (Hoffie, forr ctory, street, office bldg., etc	m, 20f. (City or t	andr	(County	')	(State)
	21. I certify that alive an Mary	1 attended the decease 19 . Aud		, 19,57, to M occurred at 2 & M.D. 960 Co	M, fram the ADDRESS (Street, less il	e causes a	,that I last nd an the d state)		
-	PHYSICIAN'S NAME (Type)	4nNAng	lreus		Silver	Spri	ng M	1	
1	20. BURIAL CREMATION, RANSVAL (Specific) RI	AL 5/28/58	Green Hills		22d. LOCATION	(City, town, o		(State	e)
2	DANNERAL DIRECTOR'S	GENTURE SLEEP	ADDRESS Silver Sprin		D BY REGISTRAR	24b. REGIS	TRAR'S SIGNAT	URE	3

STARO ROSTANDINED DESIGNA -

A TOTAL AND THE STATE OF THE ST

director, led with M

this certificate has been signed by the attending physician and campletely filled in by the fun or use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld page 3 should be detached for use as the burial-transit permit. Then please remove the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the TO FUNERAL DIRECTOR:

VS A1S (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5866 CERTIFICATE OF DEATH

Reg. Dist. N5832

1. PLAC o. CC	E OF DEATH DUNTY Mon	tgomerv		MAR	YLAND 2	o. STATE	ence (Whe		lived. If institut b. COUNT		nce before		sion)
b. CIT	TY OR TOWN (If	outside corporate limi	ts, write	c. LENGTH OF STAY 9 month				tside corpore	ote limits, write	RURAL ond	give near	est tow	n)
OF	AME OF HOSPITA	n Nursing				d. STREET AD	DRESS	go Ave			e	ONA	FARM?
3. NAM DECE.		Fii EMILI	st	Middle F .		Lost EHLER		4. DATE OF DEATH	may	nth	Day		Yeor 1958
5. SEX £ em	nale			RIED A NEVER MARR	IED 8. (March 2	4, 18	77	9. AGE (In reers lost birthday) 81 yrs		R 1 YEAR		ER 24 HRS. Min.
GUII	JAL OCCUPATION IN MORE TO THE PROPERTY OF T	ng life, even it retired	done 10b	own home	OR INDUSTRY		CE (Stote or	r foreign co	untry)	12. CI	TIZEN OF		COUNTRY?
13. FATH	Henry	Schmidt .			1	4. MOTHER'S A	unkn						
IS. WAS		IN U. S. ARMED FOR f yes, give war or dates of s		none			Bueh	ler -	9301 We	aver	St.S	ilve	er Spr
go cau	331 X anditions, if an over ise to im- use (o), stating the ang cause last.	he under-	A	CONTRIBUTING TO DE	Peros	res /	ecre	Calley AL DISEASE	condition Gi	VEN IN PAI	10	5 0	QUITOPSY RMED?
OR (IF E	CONTRIBUTING INTHER, NOTIFY A	SUNDERLYING CAUSE OF DEATH AEDICAL EXAMINER) Month, Day, Yee	20d. I		20e. PLACE	OF INJURY (He	ome, form,				(County)	YES 🗌	(Stote)
21. aliv	ve an 15	at I attended the			t death od	7) Tak		DORESS (Stre	the causes ceet, city or town,	and on t	he date	e state	ATE SIGNED
CR	OVAL (Specify)	5/19/58	F			Cremat			ON (City, town,		Ma:	(Stot	
20 CUI	UULU .	SIGNATURE To - Tump	lucy	ADDRESS F, Silver S	Spring		240. REC'D	BY REGISTR	. 10	ISTRAR'S SI	GNATURE		

The Paris of the last			SRITEDAR	
A Designation				
San			n	
		, Englishmen		
Α 6 Φ				
a a second	M10 '30			

107		100		
Shalishall , says			Employ to the	

		828 CERTIFIC	ATE OF DEATH	Reg. Dist. No.
M	1. PLACE OF DEATH o. COUNTY Wontannery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE	
/	b. CITY OR TOWN (If outside corporate lin	nits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate li	mits, write RURAL and give nearest town)
(0)	Takoma Park		Washington	47x-3
75	d. NAME OF HOSPITAL (If not in hospital, or Institution Washington Sanitar		d. STREET ADDRESS 5740 - 13th Street	e. IS RESIDENCE ON A FARM? YES NO
		First Middle B	urkinshaw 4. DATE OF DEATH	Month Day Yeor 1958
	5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	May 29 1958 9. Across A	SE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Pays Hours Min.
	10a. USUAL OCCUPATION (Give kind of work during most of warking life, even if retire	done 10b. KIND OF BUSINESS OR IND	USTRY 11. EIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTS
I)	13. FATHER'S NAME Thomas Joseph	h Burkinshaw	14. MOTHER'S MALBEN NAME Beverly Jane	B-usa
	15. WAS DECEASED EVER IN U. S. ARMED FO	service)	Informant) date	Address
	18. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO DUE DUE TO DUE	couse per line for (o), (b), and (c).] (a) anenceplas		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the <u>under-lying cause last</u> .	(b)O (c)		
0	ICAI		T NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Port I ar Part II of	item 18.)
	20c. TIME OF INJURY Month, Day, You Hour a. m. 19		LACE OF INJURY (Home, farm, 20f. (City or too octory, street, office bldg., etc.)	wn) (County) (State
	21. I certify that I attended the alive on That 30			, 19_28, that I last saw the deceas causes and an the date stated abor- ity or town, stole) DATE SIGN
/	PHYSICIAN'S NAME (Type)	710	_M.D	
the registror priar	220. BURIAL, CREMATION, REMOVAL (Specify)	OF 22c. NAME OF CEMETERY	PR CREMATORY 22d. LOCATION (CLESSES 240. REC'D BY REGISTRAR	City lown, or county) (Stote)
57	WIS Hunfina	ydson 5001	en, wi date JUN 2 '58	autesuch
	2075 241X V3		The second second second	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	BY AROMATIC BURNEY OF HEAD THANKS AND STADE OF A STADE
100	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5867 CERTIFICATE OF DEATH

05834

				95/////	-	OI DEAII	•		Reg. Di	st. No.		
	LACE OF DEATH . COUNTY MO	ontgomery		MARYLAN	11	USUAL RESIDENCE (WOO. STATE Maryland	here decease	b. COUNTY	on: Resider		re admis	sion}
Ь	RURAL ond give r Bethesda	•	ils, write	c. LENGTH OF STAY IN 1	16	c. CITY OR TOWN (IF		prote limits, write R	URAL ond	give nec	arest tow	n)
d	OR INSTITUTION	TAL (If not in hospital, c			4	d. STREET ADDRESS 6843 East		Manua			ON	SIDENCE A FARM?
3. N	AME OF	Fir		Middle	-CL (6)	Lost	4. DATE					- YN
D	Fype or print		rtin	John		Burns	OF DEATH	Man	.,	21	У	Yeor 1958
5. S	EX			IED NEVER MARRIED	7 B. D	ATE OF BIRTH		9. AGE (In years			IF UND	ER 24 HRS.
	Male	White	WIDOW	DIVORCED	Ju	ly 29, 189		last birthdoy)	Months	Days	Hours	Min.
10a.	during most of wor	ON (Give kind of work rking life, even if retired	1	KIND OF BUSINESS OR IN				ountry)	12. CI	TIZEN C	F WHA	COUNTRY
12 (FOREMAN ATHER'S NAME	4	J* P	ublic Utilit	M	Irelar				U. S	. A	•
13. 1			€		1	I. MOTHER'S MAIDEN I						
16 1	Johns Bu	ER IN U. S. ARMED FOR	CEED I.		7 10150	Eliza	beth D		256			
(Yes,	Yes	(If yes, give wor or dates of s	etaice)	ascertainabl	7. INFO	The Med	dical :	Record Addr ter, Beth		7/1.	Man	vland
	18. CAUSE OF DE	ATH [Enter only one co	use per lir	ne for (o), (b), ond (c).]				,	10000	INTE	RVAL B	ETWEEN
	PART I. DE	ATH WAS CAUSED BY:	Br	onchonneumon	ia.	hilateral				1 -	Wee	DEATH
	150X	DUE TO									WEG	0.00
	Conditions, if	iny, which) (b	Ep	idermoid car	cinc	ma. esopha	การ			9	mon	the
	gove rise to	mmediate (340				MOII	OILS
	lying couse lost.)									
CERTIFICATION	PART II. OT 49 1 X	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	AUTOPSY ORMED?
ERTIF	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCCU	RRED. (E	nter nature of injury in	Port I or Par	t II of item 18.)				
	20c. TIME OF INJUI		or 20d IN	JURY OCCURRED 20e	PLACE	OF INJURY (Home, farm	206 (6:4					
MEDICAL	Hour o. m. p. m.	19	While of work	_ Not while_	foctory,	street, office bldg., etc	.) 201. (City	or town)	(1	County)		(Stote)
	21. I certify th	nat I attended the	decease	ed from. Januar	v 211	. 19 58 to	May	21, 10 58	that I	last so	w the	docoaro
	alive on	May 2L	. 195	8 and that de	ath oc	urred at 7:30	AM from	n the course of	nd on t	he dat	la stat	deceuse
		- 1	_		u oc.			reet, city or town,		ne du		ATE SIGNE
	ACTUAL SIGNATURE	P.T. Cos	2/17	_	M.D.			1 Center			5-21	1-58
	PHYSICIAN'S NAME (Type)	Paul T. Cor	234	M D		Nation	al In	stitutes	of H	ealt	h	
	BURIAL CREMANIC				V 00 65			Marylan				
/3	ROMEDIAL (Specify)		58	MA OF CEMETER	JOK CR	MAJORY	ZZd. LOCAT	IICh (City, town, o	county)	0	(Sto	le}
23. F	UNERAL DIRECTOR	'S SIGNATURE		ADDRESS	-	249. REC'	D BY REGIST	RAR 246 REGIS	TRAR'S SIG	GNATUE	È	
12	molle	March	re-	3831-6	A. A	DATE I	IIIM 2	'58 (LU	A ed	wel		

, 1930,40		HEARD RO IN		-	THE RESERVE
	20 TT				
			Caluff.		abrigated
	ALCOHOL:		137 I Tribult	Si . OF HOLE AND	
					J. A.
ACCEPTANCE OF THE PARTY OF THE			THE RESERVE		
		40 ID 100 TA			
6 b P					
		OLD ST BIZ			
		Laptell 3 and		Parties Service and I	MARKET AND AND
		Emporal of	dinamental		Markette of
		Emporal of			
		Euler Falls II			
All the state of		Europe Seller Vanight 000			
		Europe Seller Vanight 000			
		Eugen Selle F			
		England Last			
	erdicar automatical de la companya d	England 1 and a second			
		England 1 of the Control of the Cont			
	erdicar automatical de la companya d	England Laf			

5868

CERTIFICATE OF DEATH

1)	5	8	3	5

3000	Keg, Dist	. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence	before admission)
maryland Maryland	o. STATE b. COUNTY	Jamens
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and gi	nearest town)
RUIAL and give nearest town)	X 12 houldhan	
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
OR INSTITUTION	4815 Wellington Dr	ON A FARM? YES NO
3. NAME OF First Middle	B Lost 4. DATE Month	Day Year
DECEASED (Type or print) Andrew Charles	Pusche DEATH 5	24 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1	
M WIDOWED DIVORCED	Sept 24 last birthday) Months C	Pays Haurs Min.
106. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
dyring most of working life, even if retired) Fire Dent	Unshington DC 11.	5
13. FATHER'S NAME	14. MOTHER'S MAIDEN MAME	
Bernard Buscher	mary Barkhart	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address	Chevy chu
5/1-30-1375	- Andrew Busher 481546	MinyTon
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Toxemia and Septimer CAUSE (c)	cemia, Pseudomonas aeroginosa	12 davs
2.19 X DUE TO		12 44,70
Pyonephrosis & ny	elonephritis, right kidney	unknown
gave rise to immediate DUE TO	and a series	diminosii
Couse (o), stating the under-	might unaten	tan lan ameri
		unknown
[2]		PERFORMED?
o modern de de de porte de la porte		YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I ar Part II of item 18.)	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Pt	LACE OF INJURY (Home, farm, 20f. (City or town) (Co	iunty) (State)
10	octory, street, office bldg., etc.)	
ma	210, 54, 54	
		ist saw the deceased
alive on 1957, and that death	h occurred at <u>6 P</u> M, from the causes and on the	
ACTUAL D. Omenos	ADDRESS (Street, city or town, stote)	DATE SIGNED
SIGNATURE W W VOWW	M.D. Loll Generaling Co	as Jankyo
PHYSICIAN'S LEO I. DONOVAN	Bethester 14 Maylel	5-25-58
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	DR CREMATORY 22 LOCATION (City, town a county) Baltimore Ma	r 12 2(\$1014)
Burial 5-28-58 New Cathedr	cal Cem Baltimore, Ma	Tytand
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	NATURE
ROBERT A. PUMPHREY Bethesda,	Md. DATEMAY 27'58 Ruleau	ch

director, filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the patrol or attending physician.

TO FUNERAL DIRECTORS, for this certificate has been signed by the attending physician and completely filled in by the fungage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer death. VS A15 (4) 15M 9/55

The state of the s	
The state of the s	A Distant man National and an arrangement
	The second process of the second second
public of the state of the state of	Section of the sectio
mentalini teritah diasa	and some and recording
	enting the phylogical state of the
The Charles of the second of t	ACCOUNT OF THE PERSON NAMED IN COLUMN TO A COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NA
out the control of the form of the control of the c	
	The state of the s

VS A15 (4) 15M 9/SS F/3

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

5869 CERTIFICATE OF DEATH

Ren. Dist. No.

05836

TGOMERY	MARYLAND				on: Residence bet	fare admissi	on)
f town)	c. LENGTH OF STAY IN 16 6 weeks	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) PITTSTON 75×3					V
				t		e. IS RESI ON A YES	FARM?
First MARY	M _e CA1	Last	4. DATE OF DEATH	MAY			ear 58
JHTTE		8. DATE OF BIRTH 6/23/81		9. AGE (In years last birthday) 76 yrs.	Manths Days	R IF UNDE	R 24 HRS. Min.
Sive kind af wark dane 10 life, even if retired)	own home					_	COUNTRY?
			lly			516	
			Brown, 1			ve.	
VAS CAUSED BY:	line far (a), (b), and (c).]			11vec 3p			
	Corona	ey Occ	lun	4 80		1 (2)	
under- DUE TO	appente	Ensing	Hear	x Die	lass	ye	an
Esser	itial Hy	relleisin	· (21	think	Cleurs	PERFOR	
LAUSE OF DEATH I	ESCRIBE HOW INJURY OCCUPA	ED. (Enter nature of injury	y in Part I ar Part	II of item 18.)			
Whi	le Not while f	PLACE OF INJURY (Hame, actary, street, office bldg.	farm, 20f. (City , etc.)	or town)	^ (County)	(State)
attended the deced	100	7/0	Mary				
19	5.4, and that deat	h accurred at 3					d above. TE SIGNED
o lu	Cury	M.D. 106	20 -	Teors	ma a	щ 3	-/28/
JOHN J. CHR	RY J	Sile	wish	ring	Mu	of.	
001 0.75 7150505							
22b. DATE THEREOF 5/3 1/58	ST. JOHN'S			TON, PEN		(State)
THE STATE OF THE S	SPRING If nat in haspital, give stree 1.737 Highvi First MARY COLOR OR RACE WHITE U. S. ARMED FORCES? 1. give wor or dates of service) [Enter only ane couse per WAS CAUSED BY: MEDIATE CAUSE (a) DUE TO which ediate under. (c) SIGNIFICANT CONDITION DUE TO which color of peath DICAL EXAMINER Month, Doy, Year 19 I attended the decer JOHN J. WR	Iside corporate limits, write town town of the town of	It does of personal limits, write to town of the personal limits, write to be personal limits, to be personal limits, write to be personal limits, the personal limits, the personal limits, write to be personal limits, the personal limits, the personal limits, write personal limits, the personal limit	Iside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. STATE PENNSYLVANIA (IT ONT) SPRING 6 weeks PITTSTON 6 weeks PITTSTON 6 weeks PITTSTON 6 weeks PITTSTON 6 street address) 1,737 Highwiew Avenue 27 James Street 6 CAIN COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED OWN home Pennsylvan COLOR OR RACE 7. MARRIED NEVER MARRIED NOWN HOME PENNSYLVANIA COLOR OR RACE 7. MARRIED NEVER MARRIED NOWN HOME PENNSYLVANIA Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign or Pennsylvania) 14. MOTHER'S MAIDEN NAME Julia Kelly U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Mary T. Brown, 1 [Enter only ane couse per line far (a), (b), and (c).] WAS CAUSED BY: MEDIATE CAUSE (b) DUE TO White Outside of vervice) COLOR OF BATH OUT OF BUSINESS OR INJUSTIVE TO THE TERMINAL DISEASE (b) DUE TO White Outside of Vervice of Color of Color, street, office bidg., etc.) 19 of White of Work of Colory, street, office bidg., etc.) 19 JULIA WARRY JULIANA ADDRESS (SI	TITE PENNSYLVANIA b. COUNTY It is to corporate limits, write (a to comporate limits, write (b) to comporate limits, write (c) to weeks If not in hospital, give street address) 1,737 Highview Avenue First MARY Me CAIN COLOR OR RACE (7. MARRIED NEVER MARRIED 6/23/81 Give kind of work done (10b. KIND OF BUSINESS OR INDUSTRY (11. BIRTHPLACE (State or foreign country)) Pennsylvania 14. MOTHER'S MAIDEN NAME Julia Kelly U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 16. Give were or date of straice) First MARY U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Mary T. Brown, 11. 737 Hi [Enter only one couse per line for (a), (b), and (d.)] WAS CAUSED BY. MEDIATE CAUSE (b) DUE TO Which could be couse per line for (a), (b), and (d.)] SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE additional to the work of	D. STATE PENNSYLVANIA b. COUNTY title corporate limits, write c. LENGTH OF STAY IN 1b 6 Weeks PITTSTON Town R. SPRING C. LENGTH OF STAY IN 1b 6 Weeks PITTSTON Town STATE ADDRESS 27 James Street First Middle Lost 4. DATE OF DATH MAX 28 First MARY Me CAIN STREET ADDRESS 27 James Street First MARY Me CAIN STREET ADDRESS 27 James Street COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 6/23/81 9. AGG (in years lost brinding) To year Street MAY To year Street Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN Pennsylvania U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT None Mrs. Marry T. Brown, 11. 757 Highwiew Mrs. Marry T. Brown, 11. 757 Highwiew Mrs. CAUSE BY: MEDIATE CAUSE (a) Lener only one course per line for (a), (b), and (c). MASS CAUSE BY: MEDIATE CAUSE (a) DUE TO Monthless Marry T. Brown, 11. 757 Highwiew Mediate Marry T. Brown, 12. 757 Highwiew Marry T. Brown, 12. 757 Highwiew Mediate Marry T. Brown, 12. 757 Highwiew Marry T. Brown, 12. 757 Highwiew Marry T. Brown, 12. 757 Highwiew Mrs. CAUSE (a) DUE TO Monthless Marry T. Brown, 12. 757 Highwiew Mrs. Course Marry T. Brown, 12. 757 Highwiew Marry T.	PERNSYLVANIA Indicate corporate limits, write RURAL and give nearest form to the form of the pritters of the weeks SPRING 6 weeks 1 oc. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest form of the pritters of the weeks) 1 oc. SPRING 6 weeks PITTSTON 75 × 3 1 oc. SIRVET ADDRESS 27 James Street NIGHT NIG

OF DEATH	MANUEL STATE SEES CERTIFICATE
	The second secon
TO SERVICE OF THE SER	
The transfer of the second sec	
Au real and a state of the stat	
THE S. SECOND, TO, LAT WELL VEHICLES ASS.	and of the control of
	The second secon
	A STATE OF THE PROPERTY OF THE
The waster of the waster	
PACIFIC PROPERTY OF THE PACIFIC PACIFI	MANAGEMENT OF THE PARTY OF THE
aguarding at opin was att.	

.

- Court

05837

1. PLACE OF DEAT	н			2. USUAL RESID	ENCE (Where d		. If institutio	nı Residence be	fore admiss	ion)
	TROMERY		MARYLAND		VLAND)	77 4 4	YTOOM	IERL	/
b. CITY OR TOW	N (If outside corporate limits ve nearest town)	, write c. LENGTH	OF STAY IN 16	c. CITY OR T	OWN (If outside	e corporate lin	nits, write RL	IRAL and give n	earest town)
SILVE		19 V	IEARS	5651LVG	FR S	PRING	14	ARYLA	AND	
d. NAME OF HO	SPITAL (If not in hospital, giv	e street oddress)		d. STREET A		0	1		e. IS RES	DENCE
OK 1143111011	// // /	10 Flack S	St.	12410	FLAC	CK S	STRE	ET	YES [NO NO
3. NAME OF DECEASED	First	. 1	Middle	Lost		DATE OF 4	Mont	h (Day 1	(eor
(Type or print)	MILLIAM	HAR	PER	CALHO	UN	OF DEATH	MAY	8	1	958
S. SEX	6. COLOR OR RACE	MARRIED NEV	VER MARRIED	8. DATE OF BIRTH		9. AG	E (In years birthday)	IF UNDER I YEA		
MALE	0 17 1	WIDOWED [DIVORCED 🔲	MAY 22	1,192	1 3	36 yrs.	Months Days	Hours	Min.
10o. USUAL OCCUP	ATION (Give kind of work downking life, even if retired)	one 10b. KIND OF B	USINESS OR INDU	STRY 41. BIRTHPL	ACE (Stote or fo	reign country)	,	12. CITIZEN	OF WHAT	COUNTRY?
MANADEN		57 4.	S. GOV	7. WO	FS7	/IROII	VIA	21,	S. A	
13. FATHER SNAME				14. MOTHER'S	MAIDEN NAME	6				
ALFRI	ED R.	CALHO	UIV	MA	RV	D.		JUDY	/	
15. WAS DECEASED			URITY NO. 17.	INFORMANT	1		Addre	155	у	
VES	1942-194		8-1804 M	RS. HE	LEN F	CAL	-HOU!	1-14/	FE-)	
18. CAUSE OF	DEATH [Enter only one cause	se per line for (o), (b	b), ond (c).]	2,410 F18	ek st.,	STIVE	r Spri	IN	TERVAL BE	
PART I.	DEATH WAS CAUSED BY:	GENER	ALITED	CAR	CINOI	YATO	SIS	01	SET AND	DEATH
154)	DUE TO	7017011	17012			.,,,,	3, 3		2 ye	4117
Conditions	if ony, which) (b)	CARCIN	OMA	OF R	ECTU	11		X1-52-		
	o immediate	3/11/2/11	0.117	01- /(C C C	7 / 1				
lying couse le	ing the under DUE TO									
_	, (4)-	TIONS CO. TRICK								
PARTIL	OTHER SIGNIFICANT COND	THONS CONTRIBUTIONS	NG TO DEATH BUT	NOT RELATED TO	THE TERMINAL I	DISEASE CON	DITION GIVE	EN IN PART I(o)	PERFO	RMEDZ
2		/Y	ONE						YES 🗌	NO 🔯
OR CONTRIBUT	WAS UNDERLYING 2 ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	оь. DESCRIBE HOW	INJURY OCCURRE	D. (Enter nature of	injury in Port I	or Part II of i	item 1B.)			
20c. TIME OF IN		last municipals	unara las n	165 65 11 11 15 11						
		While No w		ACE OF INJURY (F		Of. (City or tow	vn)	(Count)	1	(Stote)
Hour a	m. 19	of week at wor	k D C							
21. I certify	that I attended the a	deceased from	DCTO	3ER 1949	, to /11/4	Y 8	., 1958	that I last	sow the	deceased
alive on/	7AY 7	, 1958	and that death	occurred at	230 AM	, from the	causes of	nd on the d	ate state	d obove.
	1/2 00	/'//	/) ,	7	ADDI	RESS (Street, ci				TE SIGNED
ACTUAL SIGNATURE	1 dellem	10/8	eap	M.D. /3	ELDE.	N	R.	KEA	Po	5/8/5
and we have a super	1.5	don	· Nichon	(1	, ,	1100		7	4	
PHYSICIAN'S NAME (Type)_	11502	GRAN	DVIEN	1 AVE	, 5/1	LVER	SP	RING	19	0,
220. BURIAL, CREMA REMOVAL (Spe	ATION, 22b. DATE THEREOF	22c. NAM	E OF CEMETERY O	R CREMATORY		LOCATION ((Stote	
BÜRLAL	5/10/58	Par	rklawn C	Cemetery	N	iontgom	ery Co	unty, M	laryla	nd
23. FUNERAL DIRECT	TOR'S SIGNATURE	ADDR	ESS		24a. REC'D BY	REGISTRAR	24b. REGIST	FRAR'S SIGNAT	URE	
Lekerner	D. Iumpan	y) Sil	ver Sprin	ig. Md.	DATEMAY 1	2 159	Dan 1	1 -1)	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH	
And the second s	
	4 1
The state of the s	
The second secon	
and all electric many and the second	T. Francis of the contract to a plant E. T.
es tratata setti, tapvalleer vahus alliment A. (spit., A. La latitose illipindott servici. Tapva	ACCIDAL
Est Helpts (vid 15 year least value) with month. A	

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

alear to the second	marin and a second second second
	July 1 Company of the Late of the Company of the Late of the Company of the Late of the La
	MAGNETICAL PROPERTY OF THE PRO
THE REPORT OF SECTION (S.	
	The market and the second section in
	The second secon

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HTASO RO	5772 CERTIFICATE C
The state of the s	
	The F E common distribution of the state of
	THE PROOF OF STREET, SO SHEET WITH A PARTY OF STREET,
	The AMERICAN AND INCOMES AND RECEIVED AND ADDRESS OF SAME
	Founds
	megra so entre ou no constant de la
The second statement of the second of the second	The state of the s

• •

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5873 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions o. STATE b. COUNTY b. COUNTY b.

Reg. Dist. ND 5840

				9	
1. PLACE OF DEATH o. COUNTY) o. COUNTY) o. COUNTY	MONEY (MARYLAND	2. USUAL RESIDENCE (WHO O. STATE		If institution: Residence	before odmission)
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	ts, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	pytside corporate lim	ils, write RURAL and gi	ve nearest lown)
Bethesda	H a ays	12604727	7.a/e4/	3/Ud, X	
d. NAME OF HOSPITAL (If not in hospital, go OR INSTITUTION I CLE DEL	./ //	d. STREET ADDRESS	solls.	md	ON A FARM? YES NO 12
	- Line -	1 Jest Cole	4. DATE	11 10 1	
3. NAME OF DECEASED (Type or print)	es A	Carl son	OF DEATH	Month month	25 1958
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH	9. AGI		YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired	done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHY LACE STOLE	or foreign country)	101	EN OF WHAT COUNTRY
57 Les angines	Sales	14060	Con. N	1.01.11	1.5.14.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Canh Joh	an Carpson	12/10	120	anh.	5au
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no. or unknown) (If yes, give wor or dates of s		INFORMANT	/	Address	. //
No	None	John O. Ca	Entson.	5915 20	noma 154
18. CAUSE OF DEATH [Enter only one co				732.	INTERVAL BENVERN
PART I. DEATH WAS CAUSED BY:	c Severleades	les with	Pereson	dei	ONSET AND DEATH
1572 / DUE TO		NO D	0		
Conditions, if ony, which)	Palmona	up Coulet	earn)		Minute
gove rise to immediate	0	1.	2 0		1
couse (o), stoting the under- lying couse lost.	B Congestine	Heart For	ilure	>	days
PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONI	DITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURRI	ED. Enter nature of injury in	Port I or Port II of i	tem 18.)	
YOUR HOUR OF INJURY Month, Day, Yes		LACE OF INJURY (Home, farm actory, street, office bldg., etc		n) (Co	ounty) (State)
p. m. 19	of work of work				
21. I certify that I attended the	deceased from 572	10 58 to	5/25	158 that 1 la	ast saw the decease
1 5 6 E		h accurred at 0 20/	9/11 6 12	-,	
alive an Oft	, 19_20, and that death		ADDRESS (Street, ci		e date stated abave DATE SIGNE
ACTUAL TIN	Salan		ADDRESS (STIEGE, CI	ry or town, store)	DATE SIGNE
SIGNATURE	10000	M.D	855	EYE ST	-NW
PHYSICIAN'S NAME (Type)	WM. R.	Moses		w	ASA SOC
220. BURIAL, CREMATION, 226. DATE THEREC	OF 22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (Lity, town, or county)	(Stote)
Bur-Transit 5/28/5	8 Fair Moun	-	Chatha	3.7 7	(5.5.5)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR	24b REGISTRAR'S SIGI	NATURE
Robert A. Pumphre	v Bethesda Ma	ryland DATE M	AY 2 7 '58	allifeau	ich

director. may be retained by the "topital or attending physician.

O FUNERAL DIRECTORS For this certificate has been signed by the attending physician and completely filled in by the fun page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. may be retained by the VS A15 (4) 1SM 9/S5

M

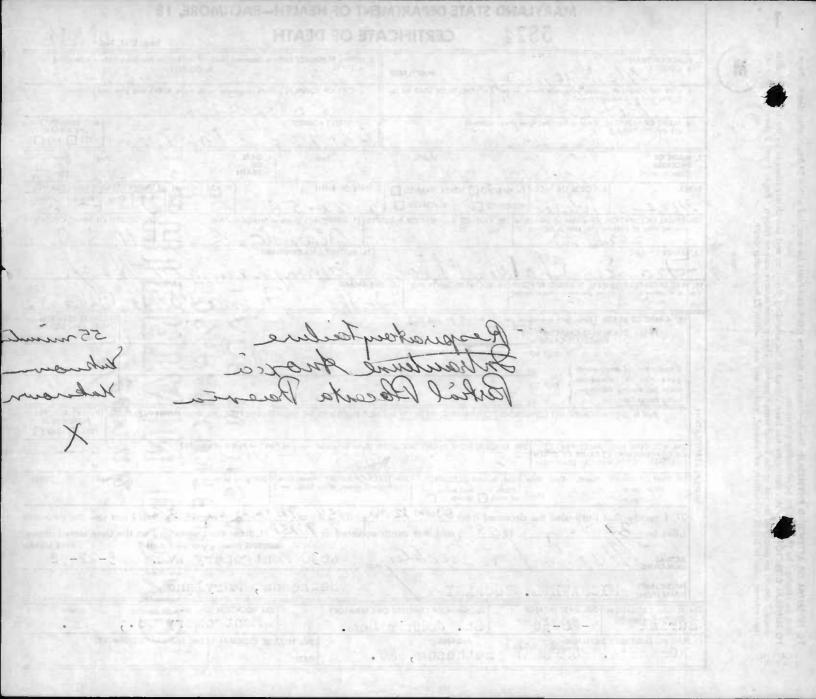
I

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

or to Control and the Control		78 CERTIFICA	
	No. of the state of		
	BTAN I SHI		
	·\$	Course Caro	
W. All Control			
			2 talking the plant talk
		C 4 .	
		and Alak sta	
pulsaria de la la coloria de l			State of the state
		enrene ma a min disa mka mka	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 9/55



led with

Coro

	I. PLACE OF DEATH a. COUNTY Montgome			MA	RYLAND	a. STATE	Dence (Wh	ere deceased	l lived. If instituti b. COUNTY		nce befo	re odmissi	ian)
	b. CITY OR TOWN (If at RURAL and give neare	utside corporate limi	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If o	utside corpor	rote limits, write R	URAL and	give ne	arest lown	1 /
	Kensing					Wash	ing to	n	4	7x -:	3		
	d. NAME OF HOSPITAL	(If not in hospital, g	give street	address)	7. 14 11	d. STREET A	DDRESS					e. IS RESI	DENCE
	Kensing	ton Garde	ns Re	st Home		1954	Col.	Rd. N	I.W.				FARM?
ď	3. NAME OF DECEASED	Fi	rst	Midd		los		4. DATE OF DEATH	Mon	ith	Do	ly Y	l'ear
L		llaire		Manni		Clagett	-	DEATH	May	7	8	1	19 58
1	5. SEX 6.	COLOR OR RACE	7. MARE	RIED NEVER MAR	RIED	8. DATE OF BIRT	Н	- 23	9. AGE (In years last birthday)	IF UNDER			
L	Female	White	WIDOW	_	CED 🔯	March 2			66 yrs.	Months	Days	Hours	Min.
1	Oa. USUAL OCCUPATION during most of working	(Give kind of work	dane 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (State	or foreign co	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
	None	,	'			D.C				U.	S.		
Ti	3. FATHER'S NAME					14. MOTHER'S		AME					
1	Alfred F.Man	nning					vnthi	a Ann	Jackson				
1	5. WAS DECEASED EVER IN			SOCIAL SECURITY N		Maning		13	32 Market	Sta	,		
	Conditions, if any, gave rise to imm	WAS CAUSED BY: MEDIATE CAUSE (o DUE TO which (b ediate)	C	oronary T	hromb		Dise	ase			IXT OX	ERVAL BET	TWEEN DEATH
	3	SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO D						'EN IN PAR	T 1(a) 1	9. WAS A PERFOI YES	RMED?
	OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)	200. 025	CRIDE HOW HOOK	OCCORRE	o. (chiel holore o	i injury in t	on ron	ii di iiem ib.j				
	20c. TIME OF INJURY Hour a. gi. p. m.	Month, Day, Ye	While	NJURY OCCURRED Not while at work	20e. PL	ACE OF INJURY (Hame, farm, bldg., etc.)	20f. (City	or town)	(4	County)		(State)
	21. I certify that alive on 3/8/	58	, 12	ed from 1/, and the	at death	accurred at	12:50	M, from	eet, city or town,	ind on t	last so he da	te state	deceased d abave TE SIGNEE
	SIGNATURE	un Ga	The	ours		и.р. 2801	WIS.	Ave.,	V • W •				
	PHYSICIAN'S ATT	is Carpou	sis			Wash	ingto	n,D.C.					
	REMOVAL (Specify) Rurial	22b. DATE THEREC 5/10/58)F	Cedar H		emetery		Suit	ION (City, town, caland Rd.	N	ld.	(State)
2	Charge Char	from H	mer	ADDRESS 5103 Wis	Λνe	N.W.	_	BY REGISTR	0	STRAR'S SIG	GNATUI	RE /	

		And to disting	• • • •
		- december	
			ž. v
			e *
AND THE PARTY OF T			
State and Carpenses			
The second secon			
	front will be the second	of All Societies	
	front will be the second		type (koming between 1974 and 1974) and 1974 and
	front will be the second	ed and the specimens of	

MARYLAND STATE DEPARTMENT OF HEALTH - SALTIMONE 18

00

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05843

5850 CERTIFICATE OF DEATH Reg. Dist. No

1. PLACE O			*	MARYLAN	- 11	USUAL RESID	DENCE (Who	ere deceased	lived. If institution b. COUNTY	on: Residence b	pefare adm	ission)
1		gomery					aryla	***		Montgo		
RURAL	OR TOWN (If one of one		ts, write	c. LENGTH OF STAY IN	16	,	own (If o		ite limits, write R	URAL ond give	nearest to	wn)
		L (If not in haspital, o	ive street a	ddress)		d. STREET AL		1.5			e 15 R	ESIDENCE
OR IN	ISTITUTION										ON	A FARM?
			venue			1601	gradi	ey Av	renue		163	NO X
3. NAME O	D	Fir		Middle		Lost		4. DATE OF	Mon		Day	Year
(Type ar		WILLE	1	RUTH		CONNOR		DEATH	May	20		19 58
5. SEX	50.00	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED	B. D/	ATE OF BIRTH	1	9	. AGE (In years last birthday)	Months Da		
Fem	ale	White	WIDOWED	DIVORCED [Sept.	10.	1885	72 yrs.	8 10	3 1	s Min.
10a. USUAL during	OCCUPATION most of working	I (Give kind of warking life, even if retired	done 10b. K	IND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLA	ACE (State	or fareign cou	intry)	12. CITIZEI	N OF WHA	AT COUNTRY?
		employe	e	Clerk			tario			US	3	
13. FATHER'	S NAME				14	I. MOTHER'S	MAIDEN N	AME				
P	eter	Connor				Anr	ne Mu	irray	Ross			
		IN U. S. ARMED FOR		OCIAL SECURITY NO.	7. INFO			3091	Addi	ress	A H	
NO NO	known) (If	yes, give war or dates of s		08-16-0917	Wil	lliam	J. I.	Acknie	ht. Jr	came	e as	2d
	HEE OF DEAT	4 featar and and an			44 4	LILUM	0.1	OMITE	110, 01		NTERVAL	
		WAS CAUSED BY:	ose per ime	for (a), (b), and (c).]			1	H	7-/		DISET AN	
		MMEDIATE CAUSE ()	<u> </u>	ON	acs	LUK	rea	v ga	Jul .	6	was
143	34.1	DUE TO				0						
	itions, if on		,	100000000000000000000000000000000000000	. ***							
	rise to im (a), stating th	mediate (B) 0.50	13. 15				No.
	cause last.	(c	1									
Z	PART II. OTHE			ONTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1(c	3) 19. WA	SAUTOPSY
ATI			-1		13						YES !	ORMED?
₩ 20g AC	CIDENT WAS	UNDERLYING	20h DESC	RIBE HOW INJURY OCCU	IPPED (F	nter nature of	Finiury in P	ort Lor Port	R of item 18)		11.3	1 HO
OR COL	NTRIBUTING [CAUSE OF DEATH	100. 0030	NOT HOW HOOK! OCC	SKALD. (LI	mer narore or			0			
	E OF INJURY	Month, Day, Ye			PLACE	OF INJURY (H	Home, form,	20f. (City o	or town)	(Cour	nty)	(State)
WED!	our a.m.	19	While at work	Not while	idelory,	sireer, office	blug., etc.	1				
				11 70		10/3		1 0 M	1 106 3	7.		
	17	1 I aftended the	decease	d from Telesa			, 10	~ 0/1	long, 1902	that I last	t saw the	e deceased
alive	onL	1 may	, 12.2	Q, and that de	eath oc	curred at	1 A	M, from	the causes o	ind on the		
		111 /10	1	1911	. 1	ay	derest	ADDRESS (Stre	et, city or town,	store	1	DATE SIGNED
ACTUA	TURE	1/ Kll	all	1 stal	LM.D.	615/1	Mini	Come	2 ave	apulle	[116]	Skogs
			100				/			,		77
PHYSIC	(Type)	William	G. H	11		615 1	W. Mc	ntgon	nery Av	e. Roc	ckvil	lle Md
22a. BURIAL	, CREMATION	, 226. DATE THEREC)F	22c. NAME OF CEMETER	RY OR CR	EMATORY	-	22d. LOCATIO	ON (City, town, o	or county)	(St	ate)
	AL (Specify)	5/20/5	8	Cedar Hi	11 0	Cremat	torv	Suit	land,	Maryla		
	L DIRECTOR'S	1 / 100/	7	ADDRESS				BY REGISTR		TRAR'S SIGNA	-	
Robe		Pumphre	v B	ethesda, N	arv		DATE MA		- (200	Leduc	1	
1000	TO A.	- dinpini e	J 2)	Jorro Dad, F	- J -	24.44	DATE WIF	11 6 1 3	0	11-2000		

		Aphrea : Est	
		SPACEAN	
		End management two	
	,		
,			
			Ade on a disease subsection for the disease with the lead of the party of the party of the party of
	The second second second		
	A company of the contract of t		to trad plots f D
VALUE OF THE			
Landing to v	Contract Contract of the Contr	4247 . 1980	
		AD VARIOUS AND BEST OF THE STATE OF THE STAT	
			ine .2 vijiyiledi

V\$ A15 (4) 15M 10/57

	d	
	1	•
dwith	88)	
10	101	
-		

51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5876

CERTIFICATE OF DEATH

Reg. Dist. No 03544

o. COUNTY Montgomery	MARYLAND	o. STATE District of		6 COUNTY	on: Residence b	efore odmis	ssión)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o			JRAL ond give	nearest tow	m) /
Bethesda (Rural)	15 days	Washington		4	17x-3		1 5 6
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	oddress)	d. STREET ADDRESS					SIDENCE
U.S. Naval Hospital, NNMC,	Bethesda, Md.	4916 VAN NES	S ST.,	N.W.			A FARM?
3. NAME OF First DECEASED (Type or print) Ruth	Middle Laton	CREESY	4. DATE OF DEATH	Mont May		Day 30	Yeor
5. SEX 6. COLOR OR RACE 7. MAS		B. DATE OF BIRTH			IF UNDER 1 YE		1958
Female White widow	/ED DIVORCED	9-16-95		lost birthdoy) 62 yrs.	Months Day		Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign cou	ntry)	12. CITIZEN	OF WHA	T COUNTRY?
Housewife		Nashua, N	lew Ham	pshire	77	S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	-	0,	D.A.	
Frank LATON		Effie WOOD)			2.60	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. 1	NFORMANT		Addre	255		
[Yes, no, or unknown) (If yes, give wor or dates of service)		Husb) Andrew E	Cree		110		
18. CAUSE OF DEATH [Enter only one couse per l		Iddb) Andich I	. Orec	by, same	- 11		
DART I DEATH WAS CAUSED BY					O	NTERVAL B	DEATH
154 X IMMEDIATE CAUSE (o) AC	lenocarcinoma,	rectum				6 ye	ars
DUE TO					70.5		
Conditions, if ony, which (b)							
gove rise to immediate couse (o), stating the under-							
lying couse lost. (c)					A		
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE O	ONDITION GIVE	N IN PART 1(o)	19. WAS	AUTOPSY
ZA CA							ORMED?
(IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort f or Port II	of item 18.)			
20c. TIME OF INJURY Month, Doy, Year 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or	town	(Count	u)	(Stote)
Hour c. m. 19 While of wo	Not while fac	ctory, street, office bldg., etc.)				
21. I certify that I attended the decea	sed from May 16	, 1958_, toM	lav 30	1958	that I last	saw the	deceased
alive an May 30 19	58_ and that death	accurred at 2:30P	M from	he course of	nd on the d	ata stat	ad abava
0	1'01'			et, city or town, s			ATE SIGNED
SIGNATURE any	t. Dune			pital, N	•	5-3	27-58
SIGNATURE		D	42 400	21001	111.70) =
PHYSICIAN'S NAME (Type) Larry J. Hines, 1	LCDR,MC, USN	Bethesda,	Maryla	and			
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATIO	N (City, town, or	county)	(Sto	le)
Burial 0-4-50	Arlington Nat	'1 Cemeterv	Arli	ngton		Va.	
23 SUNERAL DIRECTOR'S SIGNATURE PRICEY	ADDRESS Betheso	a Md 240. REC'D	BY REGISTRA	R 246 REGIST	TRAR'S SIGNAT		SHIP
R. A. Pumphrey Funeral Hor	me, 7557 Wiscon	sin Ave DATE	UN 3 '5	8 46	- educe	h	

- Common	S 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
		, , , , , ,		Name to the	
				(====)	armuli et
a 24	, , , , , ,		s 6 - v c - 6	, w	
			montal.	n de di	
		rell (umber			
					Mariana Dicamen
			Town Bound		
	Flore State of the	:2 :2 ·			
	Charter Comment	V			
	America			e	
		egod sules (11)		6-1-0	fs.
	Trureon of Con-	THE REPORT OF THE	noild extern to	regione fighter for the England of the Artis	
			1		1 0

TOWNSHIP OF THE PARTY.

-	1	1		
1	0	>		
MIAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4		INAL DIRECTOR. Are this certificate has been signed by the attending physician and completely filled in by the fundamental director.	should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should the filed with	
eath.	1		į	1
fter d		he run	hould	1
ours a		0 0	nd 2 s	
24 h		ed	0	
/ithin	-	ely ful	Poges	
y bet		mples	pers.	نے
execu		9	od uc	death
te be		0 00	corb	ofter
rtifico		physic	move	hours
th ce		guip	ose re	in 72
deo	:	offen	plec .	with
of the		, the	The	event
res th	:	ed b	rmit.	AUD
requi	ou.	sign c	sit pe	nd in
*0	ysici	peer	-tron	ral. o
: The	ng p	e nos	buria	remo
HAN	tendi	TICOL	the	or or
HYSIC	O 10	s ceri	Jse os	notion
NG P	pital	F 12	for	Cref
ENDI	retained by the stailed or ottending physician.	×	ochec	istrar prior to buriol, cremotion, or removal, and is any event within 72 hours after death.
ATT	by	2	e del	or to
LOR	ained	Z	old b	r pric
MIA	ret	KAL	sho	istro

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5829 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

05845 Reg. Dist. No.

1.	PLACE OF DEATH G. COUNTY		2. USUAL RESIDENCE (Where dec		lence before admission)
	Mont someRy	MARYLAND	o. STATE MARY/an	d b. COUNTY	tao merus
Г	b. CITY OR TOWN (If outside forporate limits, write c. RUPAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside c	orporate limits, write RURAL an	d give nearest town)
-	TAKOMA PARK	5 das	Inkoma	PARK 1	7
	d. NAME OF HOSPITAL (If not in hospital, give street oddr OR INSTITUTION	(ess)	d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM?
1	Vashington Sanitarium	4 Hosp.	309 Doy	d Hve.	YES NO DE
3.	NAME OF First	Middle	Lost 4. DA		Day Yeor
L	(Type or print) Leon	VERSON	CROSS DE	ATH 5	2 1958
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UND lost birthdoy) Month:	ER I YEAR IF UNDER 24 HRS. Doys Hours Min.
L	MALE CAUC, WIDOWED		10-23-07	50 yrs.	
10	b. USUAL OCCUPATION (Give kind of work done 10b, KIN) pluring most of working life, even if retired)	D OF BUSINESS OR INDL	ISTRY 11. BIRTHPLACE (State or foreign	gn country) 12. (CITIZEN OF WHAT COUNTRY?
2	levator Operator Wati	onal PRES	MAINE		11.5.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1	
_	JAY CROSS		Jennie	VERSON	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC 1. If yes, give wor or dates of service)	CIAL SECURITY NO. 17.	Λ i i	Address	
1	/// /		chart		
1	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY:	ir (0), (b), and (c).]	0 0	7.00	ONSET AND DEATH
	1120. / IMMEDIATE CAUSE (o)	ent. Coro	nay longer	el um - Owl ctr	may 21-58
1	DUE TO PA	and Para	et!	0	Mercio
	Conditions, if ony, which gove rise to immediate (b)	Three by the	my alheros	alersi	- unterson
	couse (a), stoting the under-				
z	lying couse lost. (c)	TRIBUTING TO DEATH BU	I NICT PELATED TO THE TERMINAL DIS	EASE CONDITION CIVEN IN B	ART I(a) 10 WAS ALITOPSY
15 F	TANK III. OTHER SIGNALICATE COLONIONS COLO	TRIBUTING TO BEATH 50	THO RELATED TO THE TERMINAL DIS	LEASE CONDITION GIVEN IN T	PERFORMED? YES P NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIB	E HOW INJURY OCCURR	D. (Enter noture of injury in Port I or	Port II of item 18.)	TES ES NO []
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3		RY OCCURRED 20e. PI	ACE OF INJURY (Home, form, 20f.	(City or town)	(County) (State)
MEDICAL	Hour o. m. While of work	Not while of work	octory, street, office bldg., etc.)		
-	21. I certify that I attended the deceased	from 4.20	, 1988, to \$=	105 %that	I last saw the deceased
	alive an 5 / 1958		occurred at 7 10 AM,		
1	- 7	, , , , , , , , , , , , , , , , , , , ,		\$ (Street, city or town, state)	DATE SIGNED
1	SIGNATURE at three & Cory	ne	MD 7600 Carr	ell any tak	Eng Park Md
	A ample is a Str			• • • • • • • • • • • • • • • • • • • •	
L	NAME (Type) ARTHURE	DYNE			
22	BURIAL, CREMATION, 22b. DATE THEREOF 22	C. NAME OF CEMETERY	OR CREMATORY 278710	OCATION (City, town, or county	(Stote)
6	remation May 5, 1938	edar Hill	remalory Tre	nee Gerege Cou	nly, Md.
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS OF 1	240. REC'D BY RE	GISTRAR 246 REGISTRAR'S	SIGNATURE
X	Curtion William 254 C	aried in M.	VILC DATEMAY 6	'58 000/	- 1
77				CO TO A	11/4

		CERTIFICA	1 1 1	* •
				E STATE
			Table 1 D	
TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	gan a gan munion () or			
				ne di agni e il co
				Control of the second
			emis lis	
		AVANC	510	
			APP I	

5830 CERTIFICA	ATE OF DEATH	Reg. Dist. No. 05846
LACE OF DEATH COUNTY MON GOMERS MARYLAND	2. USUAL RESIDENCE (Where deceased live of STATE	ed. If institution: Residence before admission) b. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)
NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SAN + HOSP.	d. STREET ADDRESS 500 Buffer Mut	STREET e. IS RESIDENCE ON A FARM? YES NO
AME OF OF ECEASED Type or print) Winkield Scott	CROWN 4. DATE OF DEATH	Month Day Yeor 5 / 16 1958
MALE White WIDOWED DIVORCED	7/26/8/	AGE (In years ost birthdoy) Months Days Hours Min.
USUAL OCCUPATION (Give kind of work done of the control of the con	STRY/11. BIRTHPLACE (State or foreign count (d District of Column 14. MOTHER'S MAIDEN NAME	1. 1. 6
linfield Scott Crown	AliCE HARRIS	ON Address
WES WERLINGE I NONE F. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	ts. Hosp. Recor	INTERVAL BETWEEN
571.1 DEATH WAS CAUSED BY: 571.1 DUE TO	hagic Colitis, ove	owkelming ONST AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stoling the under. Lying couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS: PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTION OF THE C	D. (Enter nature of injury in Port I or Port II o	of item 18.)
20c. TIME OF INJURY Month, Day, Yeor Hour o. m. 19 Ot work 10 twork 10 two	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	town) (County) (State
21. I certify that I attended the deceased from My 12 and that death actual and the deceased from My 12 and that death actual ac	occurred at 6 10 P.M. fram th	ne causes and an the date stated aba city or town, state) DATE SIGN
PHYSICIAN'S NAME (Type)	Ta/Camalan	c, hd.
REMOVAL (Specify) Thay 20-1958 Thomsean	Janetary	(City, town, or county) (Stote) &
UNEBAL DIRECTOR'S SIGNATURE ADDRESS	240. BEC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE

MARY AND STATE DEPARTMENT OF HEALTH DALTHAODE 10

	E- HILASH NO THE		
	HTA30 TO ST		
	THE KINDS		
	Maria de la Caración		MASON THE T
		A Complete	
ih o			
			a value field

5877 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside conporate limits, write LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and aims nearest town) d. NAME OF HOSPITAL not in haspital. give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First DATE Middle Last Year Month Day DECEASED DEATH (Type or print) 125 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) Months Davs Hours WIDOWED F DIVORCED TO KIND OF BHEINESS OF INDUSTRY HE DE HELACE ISLOSE OF FOREIGH COUNTY) USUAL OCCUPATION (Give kind of work done Job 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Pod 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL ADELAIDE CASE remove 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address MID Iff yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which any gove rise to immediate DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? buriol YES 🗍 NO M 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour o. m. While Not while 19 at work of work 6 21. I certify that I attended the deceased from that I last saw the deceased at 14 2 pm, from the causes and on the date stated above. and that death accurred ACTUAL should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION City, town, or county) REMOVAL (Specify) ROCK CREEK CEMETERY WASHINGTON. D.C. 5/29/58 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR Silver Spring, Md. DATMAY 2 9 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5878 CERTIFICATE OF DEATH

Rea. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Florida Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 116 days Jacksonville Bethesda (Rural d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 5209 Lexington Ave., Lake Shore U.S. Naval Hospital, NNMC, Bethesda, Md. YES NO IX NAME OF DECEASED Middle 4. DATE Month Yeor 19 58 (Type or print) DANTEL May Thomas DEATH George 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS los birthdoy) Months WIDOWED | DIVORCED | April 1, 1915 Male White YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. U. S. Navy Georgia Mariner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Thomas DANIEL Lena HORNE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Wife) Phyllis M. Daniel. Same as #2 above WWII-Korean 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20d. INJURY OCCURRED Doy, Year Hour o. m. While

Not while

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

(County)

58 that I lost sow the deceased

20c. TIME OF INJURY Month.

of work of work

LT. MC. USN

foctory, street, office bldg., etc.)

__, and that death occurred at 8:35A_M, from the causes and on the date stated above.

(Stole)

ADDRESS (Street, city or town, stote) U. S. Naval Hospital, NNMC

Dublin

DATE SIGNED

PHYSICIAN'S

Buria]

220. BURIAL CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Northview Cemetery

Bethesda, Maryland 22d. LOCATION (City, town, or county)

(Stote) Georgia

Joseph & Gawler Sons 1756Penn. Ave. N.W.

24a. RECID BY REGISTRAS

246. REGISTRÁR'S SIGNATURE

DATE

9 VS A15 (4) 15M 10/57

		AOUNTARD 21	
	eta ava a vela		
	ALTERNATION OF		
THE RESIDENCE OF THE PARTY OF T	ngarket forti	The second second	₹
	Market World		office and the second
	The way (at		
See on the English No. 125.	M. POLICE LIE I SUMM		And the second property of the second
ment that graduals			The state of the state of
	FEET THE PERSONS		TOTAL THE SECURITY AND ASSESSED.
			gaset February Levels

VS A15 (4) 15M 10/57

-	11
	X
-	1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5879 **CERTIFICATE OF DEATH**

05849

Reg. Dist. No.

b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) SILVER SPRING d. NAME OF HOSPITAL (If not in hospital, giv. OR INSTITUTION)	7 yrs.	c. CITY OR TOWN (If outside cor		give nearest town)
OR INSTITUTION			ring	
10,411 Inwood Av		d. STREET ADDRESS	enue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Rhoda Ca	Middle amille Decker	Lost 4. DATE OF DEAT		Day Year 1958
5. SEX 6. COLOR OR RACE 7	- MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Jan. 30. 1917		PAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if refired) Housewife 3. FATHER'S NAME	Own Home	STRY 11. BIRTHPIACE (State or foreign Hagerstown, Mc	country) 12. CIT	TIZEN OF WHAT COUNTRYS
Ernest M. Huffer S. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) (If yes, give wor or dates of serv No	ES? 16. SOCIAL SECURITY NO. 17.	Mary Kate Bake INFORMANT Ervin St. Elmo Deck	Address Si 1 v	ver Spring, Mo
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDI	Company Company THONS CONTRIBUTING TO DEATH BUT	y Thrond attense NOT RELATED TO THE TERMINAL DISEA	CUPIO ASE CONDITION GIVEN IN PAR	Olary 6 World RT 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{NO} \)
PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING 20a CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o.m., 19	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)		County) (State)
21. I certify that I attended the dalive an			in the causes and an ti (Street, city or town, stote)	last saw the deceased the date stated above DATE SIGNED
PHYSICIAN'S VJOHN J. CO.				

		ENT OF HEALT	HYPATHO BY ATR GRA	AJYRAM U	
			CERTIFIC		FC
				Than said	
			ALE TO SEE		
				A DECEMBER OF THE PROPERTY OF	
	¢ · · · · ·				
			Carried Company		
•	ţ				

OR STATE		S CERTIFICATE OF DEATH 05850
ALTH DEPT.	1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE New York b. COUNTY
in the second se	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Nasbeth, Long Island
Poord 99	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitat, give street address) Montg. Co. Gen. Hosp.	d. street address 5671 Remson Place on a farma yes \(\text{ NO } \text{ Place} \)
he State er death	Tit Cilat a	Coursy 4. DATE Month May 11, 1958 19
5 may b 2 with t 10urs oft	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED male White WIDOWED DIVORCED	12/29/40 Tyrs. Months Days Hours Min.
Page 1 and hin 72 h	10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired) 602AA Derwood Md	
m PM3.	Richard Alfred DeCoursy	Mary E Rymkus
I min	[Yes, no, er unknown] (If yes, give wer or dates of service)	Police Record
along sit pern , and ii	MANAGONAL CHOSE (0)	ary vessels - intrapleural Sudden
niner's Office a burial-tran n, or remova	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse tost. DUE TO hemorrhage, left. (b) DUE TO (c)	(1500cc)
esed as remotio	Complete rupture, left diaphragm with into thoracic cavity	not related to the terminal disease condition given in Part 1(0) 19, was autopsy herniation of abdominal viscera Performed? YES X NO
ould be burial,	Passenger invol	(Enter noture of injury in Port I or Port II of Hem 18.) Lved in auto accident
he Chi	Hour a.m. 5/11/58 While of work 11 30 % TO Ma	ACE OF INJURY (Home, form, ctory, street, office bidg., etc.) Olney Montg. Md.
Gent, Po	21. I certify that I took charge of the remains described ob opinion death resulted from: Natural causes, Accident	
RAL DIRECTOR RAL D	examiner's NAME (Type) Frank J. Broschart	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINERK May 11, 1958
or its d	220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY C. SHENDALON 5-13-1958	
15ME 2/57	23. FUNERAL DIRECTOR'S SIGNATURE W.W. CHAMBERS CO. 1400 CHAPIA	1 ST NW DATEMAY 1 4 '58 CONTROLL

VS. ATSME 5M 2/57

WIATA WAS A decided to the second Translat berief, icalion Armedent of a lead of green and to supracily the first terms. seems harring the to the comment manufacture of the first training the ALONS HOW TWO TEST

	-0
	7
with	12
3 0	20

n signed by the attending physician and campletely filled in by the funers to permit. Then please remove carban papers. Pages I and 2 shauld be and in any event within 72 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the harmon ar attending physici	ate has bee	: burial-trar	r remayal, c
of ar attend	his certifica	use as the	emotion of
the har the	OR: A	etached far	burial, cr
etained by	AL DIRECT	anld be d	ar priar to
may be re	O FUNERA	page 3 sh	the registr
S A	15	6 (4	7

			201	CERTI	rica	AIE.	Or Di	AIR				Reg. D	st. No.		
1.	PLACE OF DEATH	gomery		MARY	LAND	2. USL o. S	JAL RESIDE	NCE (Whe	re deceased		institution DUNTY		tgom		ion)
	b. CITY OR TOWN (IF RURAL ond give ne- Bethesda	outside corporate limits, arest town)	write	214 days		c. (tside corpor Park		write RU	IRAL ond	give nea	rest town	1)
	OR INSTITUTION	AL (If not in hospitol, giv		idress)	300	d.	STREET ADD	DRESS	Aven						IDENCE FARM?
3.	NAME OF DECEASED (Type or print)	First Charlie		Middle Belle		D	obson		4. DATE OF DEATH]	Mant	h	Do 2		Yeor 19 5 8
5.	Female	6. COLOR OR RACE	MARRIE				OF BIRTH July	1902		9. AGE (Ir lost birt	hdoy) yrs.	Months	Days	Hours	Min.
100	during most of work	N (Give kind of work do ing life, even if retired)		IND OF BUSINESS O		STRY 11.	Virg.		r fareign ca	ountry)		12. CI		F WHAT	COUNTRY?
13.	James Par	ker				14. M	Bell	e Moc							
15. Ye		IN U. S. ARMED FORCE	ice)	ocial SECURITY NO certainab					cal R Center				1, M	aryl	and
		nmediate (osar	coma	of Ut	erus				INTE	yea	DEATH
RIFICATION		ER SIGNIFICANT CONDI		EIBE HOW INJURY OF								N IN PA	RT 1(a) 1	PERFO	AUTOPSY RMED?
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY I		While	URY OCCURRED Not while at work	20e. PL/ foo	ACE OF	INJURY (Ho	me, form, ldg., etc.)	20f. (City	or town)		(County)		(Stote)
	21. I certify the alive an 2 N ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	iay KURT W. KO	19 51 Kor		death		red at The	8:00F e Cli tions		the correct, city of Central	uses ar r town, s ter tes	nd on t	he dai	e state	deceased ed abave. ATE SIGNED /58
220	REMOVAL (Specify)	1, 22b. DATE THEREOF 5/7/58		22c. NAME OF CEME	AT	CREMA	tory	eny !	PA AL	19 LEIN	lown, or	county	A- I	(Stot	e)
23.	INW C	SIGNATURE	Co.	517-11	12	SPS	3F 2	40. REGIO	BY REGIST	BAB 24	REGIST	RAR'S SI	GNATUR	E	

TOUR ROS TRIPLE TO	we builten The		Viuserog, polity
	Si dial accia?	Bull III	nion leek
		Cherry Car Tit.	company and the contract
	ne 1 105 61		
	Sive way to		author elem
	AL AND A	Introduced and	
	word action		police Sine and
	engana Landine di manan Telegan di mbara dest		
	areard the actorise	ents -brank	
	arayil da oroccud		
	Control of the contro		
	Self S. Ve organisation of the self-self-self-self-self-self-self-self-		

	MARYLA 588			MENT OF HEA			Q5 1	852 215
1. PLACE OF DEATH o. COUNTY MOT	ntgomery		MARYLAN		E (Where deceased live			admission) *
RURAL and give ne Bethesda	(Rural)	1	NGTH OF STAY IN 1		N (If outside corporate ashington	limits, write RUR	AL and give neare 7×-3	st town)
OR INSTITUTION	AL (If not in hospital, give Hospital, E			d. STREET ADDRE	ss 600 Idaho A	Ave.,		IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First Willie	am	Middle Samuel	DOMER	4. DATE OF DEATH	Month May	Doy 24	Yeor 19 58
5. SEX Male	6. COLOR OR RACE 7	MARRIED X	NEVER MARRIED		l le	4 1 4 1 1	UNDER 1 YEAR IF	UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATIOn during most of work Mariner	N (Give kind af work doi ing life, even if retired)		of Business or in Naval Off	icer Wash	State or foreign country ington, D.		12. CITIZEN OF	WHAT COUNTRY
William A.	DOMER			Sue H. E				
	IN U. S. ARMED FORCE If yes, give war or dates of servi WW-II			Mrs. Virgini	a C. Domer	Address (Same A		
PART I. DEA' /5/ X Conditions, if or gave rise to in couse (o), stating (lying cause last.	nmediate (DUE TO	Car	aplasti		ioma)	stoma	eh 80	val BETWEEN I AND DEATH MOUSE MOUSE MO, +

ERVAL BETWEEN AND DEATH WAS AUTOPSY PERFORMED? CERTIFICAT YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not while of work of work 21. I certify that I attended the deceased from 10 May 1958 58 that I last saw the deceased and that death accurred at 12:30Am, from the causes and an the date stated above. alive on 23 May ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE W.D. U.S. Naval Hospital, Bethesda, Md. PHYSICIAN'S NAME (Type) C.W. BRAMLETT, LT,MC,USN U.S. Naval Hospital, Bethesda, Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Arlington, Virginia Burial Arlington Nat'l Cemetery 23. EUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 7557 Wisconsin Ave., Bethesda, Md DATE

VS A15 (4) 15M 10/57

	HIMBU-19 21	CERTIFICA	53/60	
	ī			
	100			
h- v _D -i	California (Marie)		()	Shawaii -
E TO SEE THE THE COME		, ,	₹	7
Activities and the second				
		9.220 SV-11	s = k	
And the second s				
			Medical Actions	Gin ma
	Const and			
, , , , , , , , , , , , , , , , , , , ,				a Agrena
	Executive E	Pair un office	0-75-5	
		en el De . ne	summer was like	

SHOWING THE DISENT OF THE MEAN OF A SHOULD STATE CHARMAIN

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO FUNERAL DIRECTOR: A

VS A15 (4) 15M 10/57

1	11
-	157
	4/
with	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5883

CERTIFICATE OF DEATH

05853

Reg. Dist. No.

				- 0		
1. PLACE OF DEATH "Montgomery	MARYLAND	2. USUAL RESIDENCE (W		If institution: Residue.	dence before admi	ssion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Silver Spring	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Washingto		its, write RURAL or	nd give nearest tow	vu) 1
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Fairland Nursing Home	oddress)	d. street ADDRESS 2901 16th	st. N.	N.	ON	SIDENCE A FARM?
	Donnelly	Lost	4. DATE OF DEATH	Month May 1	Doy 1958	Year 19
5. SEX male 6. COLOR OR RACE 7. MARRI WIDOWE	D DIVORCED	8. DATE OF BIRTH 7/10/80	las,	(In years IF UNE byrthday) Month	DER 1 YEAR IF UNE	DER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired) Chief clerk Southern 13. FATHER'S NAME	The second secon	Alexandr	ia, Va.	12.	CITIZEN OF WHA	T COUNTRY?
Thomas Donnelly		Mary T.	Lovejo:	y		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)		nformant tasia Donde	207	Shaw Re	de. Sil	ver
1B. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost. (c)	te for (0), (b), and (c).	lacinos.	ne of the	Cameria	INTERVAL BONSET AND	
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND	DITION GIVEN IN P	PERF	AUTOPSY ORMED?
	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of it	em 1B.)		
Hour a.m. While	JURY OCCURRED 20e. PL Not while of work	ACE OF INJURY (Home, form ctory, street, office bldg., etc	n, 20f. (City or taw	n)	(County)	(Stote)
21. I certify that I attended the decease alive on 2000, 193 ACTUAL SIGNATURE	and that death	accurred at		causes and an	the date stat	
PHYSICIAN'S NAME (Type)		- Silven	er Spri	1 m.	i d	
220. BURIAL, CREMATION, 22b. DATE THEREOF 5/16/58	22c. NAME OF CEMETERY OF Ft. Lincol		22d. LOCATION (C	ity, town, or county George		ite)
23. FUNERAL DIRECTOR'S SIGNATURE The S.H. Hines Compan	y 2901 14t			24b. REGISTRAR'S	-	

HE OF HEATH, BEITIMORE, 18	MARYLAND STATE DEPARTME
STATE OF DEATH	ADERTHEO CERTIFICA
	Carabi Uliment
The second secon	
Political . South	
	AND THE PART OF PARTY

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5884 CERTIFICATE OF DEATH

Reg. Dis 05854

o. County o. Montgom			MARYLA	ND	2. USUAL RESIDENCE	1	b. COUNTY Mont	gomer	У		
6. CITY OR TOWN RURAL and give Gaither	(If autside corporate limi negrest town) Sburg (Ri	ara 1)	2 yrs	116	Rockvill		orote limits, write R	URAL ond	give near	est town)
d. NAME OF HOSE OR INSTITUTION Ammons	Nursing Home	ive street ad	ldress)		d. STREET ADDRESS	S			•		DENCE FARM? NO 23
3. NAME OF DECEASED (Type or print)	,,	LLIAM	Middle HENRY		DORSEY	4. DATE OF DEATH	Mor M	nth R.Y	Day 29,		rear 19 58
5. SEX male	6. COLOR OR RACE	7. MARRIE	DIVORCED	_	DATE OF BIRTH 6/8/1877		9. AGE (In years lest birthday) yrs.	Months Months		F UNDE Hours	R 24 HRS. Min.
during most of wo	TION (Give kind of wark of orking life, even if retired OPET	dane 10b. KI	IND OF BUSINESS OR	INDUST	Marylan	ıd	country)	12. CI		WHAT	COUNTR
13. FATHER'S NAME Will	iam H. Dors	ey			14. MOTHER'S MAIDE	Hamptor	1				
15. WAS DECEASED EN	VER IN U. S. ARMED FOR (If yes, give wor or dates of s		OCIAL SECURITY NO.	17. INF	ORMANT Nursin	ng Home	Record	ress			
PART I. Di 4442 X Conditions, if gave rise to cause (a), statin lying cause last	g the <u>under-</u>	, Ce	erebral T Hyperten	sio	n	orenal	. Diseas	;e	ONSE	T AND	DEATH YS
$\overline{\mathcal{Q}}$	thritis	DITIONS <u>CO</u>	NTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TE	ERMINAL DISEA	SE CONDITION GIV	VEN IN PAR		PERFO	RMED?
	VAS UNDERLYING AG CAUSE OF DEATH PROJECT EXAMINER)	20b. DESCR	HIBE HOW INJURY OCC	URRED.	(Enter nature of injury	in Part I ar Pa	rt II of item 18.)			1	
20c. TIME OF INJU Hour o. m p. m	10	While of wark (Not while	De. PLAC focto	CE OF INJURY (Home, I ory, street, office bldg.,	form, 20f. (Cit	y ar town)	(County)		(State)
21. I certify olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	thot I oftended the May 29 Webster	1958 Jew	d from May B, ond that d		, 154 , to occurred of 5:	50 An, fro	m the couses of street, city or town,	ond on t		stote	
220. BURIAL, CREMAT REMONAL SECTIO	10N, 22b. DATE THEREC)F	22c. NAME OF CEMET	Par	CREMATORY		OCKVILLE			(State)
23. FUNERAL DIRECTO	11 1	ndle	ADDRESS Rookville	, Mi		REC'D BY REGIS		STRAR'S SI			

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF REALTH—BALTIMORE IN

	47						

to the state of th	
	1 (1 mm) (1 mm)
Total State of the	rama manon san
	Land Barrier 1900 in the State
Lestivale	
TO STATE A STATE AS A	warel . Trailing
From a sold parent	
	Development of the state of the
	principal of a large state of a large state of the
	The same of the sa
respondent of the content of the first of the content of the conte	more belt from 1981 1992 and betrette the cytical first and a stop
	Control Control Control
E. J. B. Commission of the Com	AND THE RESIDENCE OF THE PARTY
A CONTRACTOR OF SAME AND AND ADDRESS OF SAME A	mas complete

VS A15 (4) 15M 10/57

. 11	L
功人	l
11	1
	F

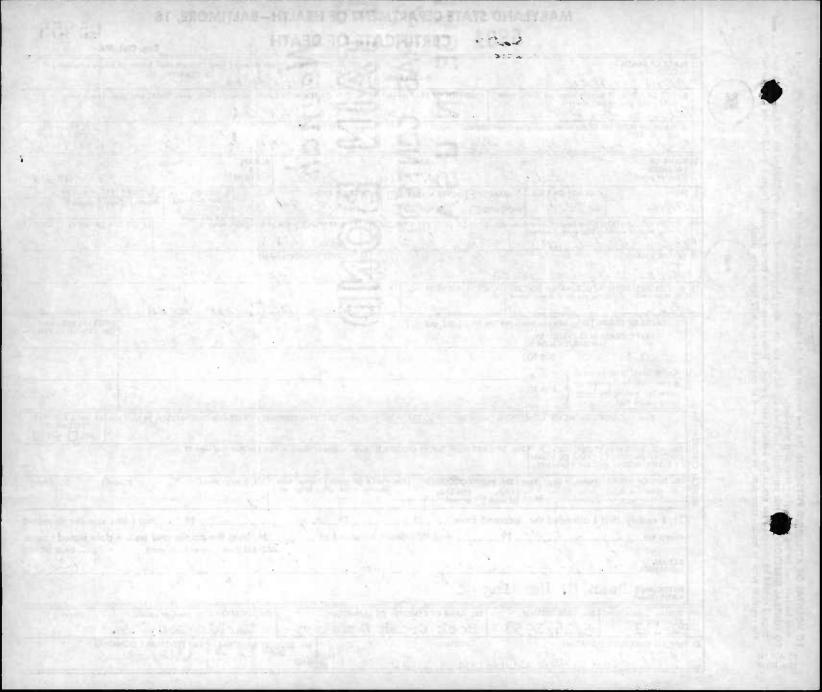
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5831 CERTIFICATE OF DEATH

05855

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY, Montaomery	MARYLAND	2. USUAL RESIDENCE (Where dec	b. COUNTY	esidence befare admission)
	b. CITY OR JOWN (If outside corporate limits, wri	9 8	c. CITY OR TOWN (If outside of	corporate limits, write RURAL	ond give nearest town)
-	d. NAME OF HOSPITAL (If not in hospital, give str	eet oddress)	d. STREET ADDRESS	D/ A/3.1	e. IS RESIDENCE ON A FARM?
4	Washington JAn. V	Hosp.	601 OneidA	11. IV.W.	YES NO D
	3. NAME OF DECEASED (Type or print) Edwir	Middle F-RANCIS	Dove DE		Doy Yeor 13 1958
	mala 1. Hole	ARRIED NEVER MARRIED DIVORCED DIVORCED	6-18-84		NDER 1 YEAR IF UNDER 24 HRS. onths Doys Hours Min.
	Oc. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Refined Civil Emp.	Ob. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or forei	ign country)	2. CITIZEN OF WHAT COUNTRY?
	Jemes Alousius Dous		14. MOTHER'S MAIDEN NAME	1 Wilson	
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. I	NEORMANT	Address	0
-	18. CAUSE OF DEATH [Enter only one couse por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (a), (b), and (c).]	hungardial	De huite	INTERVAL BETWEEN ONSET AND DEATH
	420.1 DUE TO		0	J. Golden	
	Conditions, if any, which gove rise to immediate cause (o), stating the <u>under-lying cause lost.</u> (b) DUE TO			,	
		NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN	PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITION PART III. OTHER SIGNIFICANT CONDITION	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or	r Port II of item 18.)	YES NO
- 1	20c. TIME OF INJURY Month, Day, Year 20 Hour o. m.	d. INJURY OCCURRED 20e. PL tile Not while work of work	ACE OF INJURY (Home, farm, 20f. tory, street, affice bldg., etc.)	(City or town)	(County) (State)
	21. I certify that I attended the dece	eased fram. 719	7	fram the causes and	at I last saw the deceased an the date stated above
	ACTUAL SIGNATURE PAUL HARACE	ling .	M.D. // 3 Car	SS (Street, city or town, state)	11 5/13/5
	PHYSICIAN'S Dean H. Hardi	ng /	4	UNDA 12 X	60
1	Roo Burial, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 5/16/1958	Rock Creek		OCATION (City, town, or cou	- 0
2	BUPIAL 5/16/1950	ADDRESS	24a. REG'D BY RE	Vashington,	
4	of the Henry -Co. V.	Markinglon	DATE	040 11	Access N



4	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIN	
7 >	Items 8 & 9 Film G-230 6/9 CERTIFICATE OF DEATH	Reg. Dist. No. 05856
	1. PLACE OF DEATH O. COUNTY O. STATE 2. USUAL RESIDENCE (Where deceased live or STATE) O. STATE	ved. If institution: Residence before admission) b. COUNTY
M	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	e limits, write RURAL and give nearest town)
74	d. NAME OF HOSPITAL (If not in hospital, give street address) OR HISTITUTION RBAN HOSPITAL (MASA D)	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) ELEANOR DOYLE 4. DATE OF DEATH	Month Day Year 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1877 9.	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	my 80 yrs 2. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	BRITTENEHAM
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. on uniform) (If yes, give wor or dates of service) (If yes, give wor or dates of service)	Address
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Carelinal Vascuallar arc	ally for interval between onset and death
7	Conditions, if ony, which) by Hyperleusian of arteriose	Donasia embreco-
	gave rise to immediate cause (a), stating the under-lying cause lost.	2000 Correction of the contraction of the contracti
S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year While Not while of work at work at work at work.	town) (County) (State)
	21. I certify that I attended the deceased from may 17 1958 to may 27	7 10.58 that I last saw the descense

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

FORT LINCOLN

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

ADD

BLADENS BURG, MI

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

man ber	NI NI	30 40 S	IV5UIN	200	3	7.8.1	
						N. Co	
				H Male			
						A PER AND	
	-10x55						
							-
					7		155

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5886	CERTIFICATE	OF	DEATH

Reg. Dist. NU 5857

1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where decer		Alex Deside	1 . 4 4.	
	b. COUN	TY		E
Montgomery Maryland b. CITY OR TOWN (If outside corporote limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside co			ntgomer	-
RURAL ond give nearest town)		RUKAL ONG	give nearest to	ownj
Dickerson Years X Dickerson d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS			1	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS			10	RESIDENCE A FARM? NO A
3. NAME OF DECEASED SARAH CATHERINE DRONEN BURG DEA	тн М	ay	Doy 10,	Yeor 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In year lost birthdoy	rs IF UNDER	R 1 YEAR IF UN	IDER 24 HRS.
Female White WIDOWED DIVORCED May 1, 1886	72 y	rs. Months	Doys Hou	rs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign	country)	12. CI	TIZEN OF WH	AT COUNTRY
during most of working life, even if retired) Domestic At Home Maryland			USA	
13. FATHER'S NAME				
William N. Whitmere Cecelia S.	Funk			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT		ddress		
(Yes, no; or unknown) No Ne Ne None Miss Derothy Drenen	burg-Dam	e as I	tem #2	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]				BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Comous Occlusion	_		ONSET AL	Tour
420.0 DUE TO				
(Conditions, if any, which) on Anterestante fourt	40000		7	years
gove rise to immediate DUE TO			S 11 10 11	1
lying couse lost.				
	~			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE	ASE CONDITION O	GIVEN IN PAR	RT 1(o) 19. WA	S AUTOPSY
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE	ASE CONDITION (GIVEN IN PAR	PER	FORMED?
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE 200. ACCIDENT WAS UNDERLYING		GIVEN IN PAR	PER	AS AUTOPSY FORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		GIVEN IN PAR	PER	FORMED?
	ort II of item 18.)		PER YES	PORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour 0. 51. 20f. (0 While Not while Street, office bldg., etc.)			PER	FORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour 0. 51. p. m. 19 of work of wor	ort II of item 18.)	(PER YES	FORMED? NO X
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of work 21. I certify that I attended the deceased from.	ort II of item 18.)	(DS,that I	(County)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work 21. I certify that I attended the deceased from 12. I certify that I certify that I attended the deceased from 12. I certify that I certif	cont II of item 18.) Lity or town) Om the causes	that I	(County)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of work of work alive on 19 19 20d. INJURY OCCURRED While of work of work alive on 19 51, to 1	ort II of item 18.)	that I	(County)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work alive on 19 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (c) foctory, street, office bidg., etc.) 21. I certify that I attended the deceased from alive on 19 50, and that death occurred at 5:20 M. Injury occurr	cont II of item 18.) Lity or town) Om the causes	that I	(County)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work alive on 19 58, and that death occurred at 5:20 M, or ADDRESS	cont II of item 18.) Lity or town) Om the causes	that I	(County)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of work of work of work alive on 19 m. 19 while of work of wor	cont II of item 18.) Lity or town) Om the causes	So N I	(County) last saw the date store will be added to the date store will be added to the added to	(State) (State) de deceased above DATE SIGNED
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	ort II of item 18.) (C , 19.5 om the causes (Street, city or tow	So N I	(County) last saw the date story of the date st	(State) (State) de deceased above DATE SIGNED
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work of work alive on 19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ity or town) Om the causes (Street, city or town) ATION (City, town)	So N I	(County) last saw the date sto UILLE Marylan (S	(State) (State) de deceased above DATE SIGNED

	The Legal		
	measurated to		ber in the state of the state o
		(Cinterna)	HARAR HARAR
33	May 1, 1886		orion named
	barryest		The second second
	Georgia 6		erostidii. J. es J. of
E STATE OF THE PARTY OF THE PAR			
Shawil at antil-pr	or Day thy Recently	M are	
			TACTOR OF THE PARTY OF THE PART
			Manual Ma

VS A15 (4) ISM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5887 CERTIFICATE OF DEATH

05858

	Neg. 0111, 110.
1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
TIONI GUMER)	MONTGOMERY CO. MARYLAND.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
130Hardo 860-	X BETHESDA M.D.
d. NAME OF HOSPITAL (If not, in hospital, give street oddress)	d. STREET ADDRESS . IS RESIDENCE
OR INSTITUTION	ON A FARM?
Mourban	19500 PABE AVE YES NO DE
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) FRANCIS LE ROY	T I OF
	DODA!
THE MAKE BE THE TEXT OF THE TE	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Is under 1 Hours Min. Months Days Hours Min.
MALE WAITE WIDOWED DIVORCED	Ava 4 1909 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	
RETIRED U.S.GOVT,	WASH. D.C. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
TAMES S DISCAN	ROSINA I. CAFFREY.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no. or unknown) (If yes, give wor or dotes of service)	
YES RES. MARINE 577-20-1849 (NIFET MARGUERITE 9500 PAGE AVE. DETH.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: CARAINA	OF DEATH ONSET AND DEATH
IMMEDIATE CAUSE (0)	OF FLOSIATE 13 MCS.
177X DUE TO	
Conditions, if ony, which)	
gove rise to immediate	
couse (o), stoting the under. DUE TO	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
NONE	PERFORMED?
700700	YES NO
I ≅ I OR CONTRIBUTING □ CAUSE OF DEATH	ED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40e. P. Mour o. m. While Not while of work of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o. m. While Not while	octory, street, office bldg., etc.)
p. m. 19 of work of work	
21. I certify that I attended the deceased fram NOV.	27 , 1957, to MAY 15 , 1958, that I last saw the deceased
alive an 1777 15 , 19 28 , and that deat	h accurred at 9140P M, from the causes and an the date stated above.
11 (1') 11 (1)	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE Why A. Shopy	1120 WISCONSIN AVE BETHESDA MID
SIGNATURE	.m.u.
PHYSICIAN'S /	
NAME (Type)	- 18848844884888888888888888888888888888
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (OR CREMATORY 22d. LOCATION (City, town, or couply) (Sto)
Benoval (Specify) 5-19-58 mt Olive	
1200	1 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Spancis Hockens 3821-1456 Mil. 1	CON, NO DATE
	MAN 19 58 WILL OLICA

• №5 DETABLE CERTIFICATE OF DEATH Medical Property of the Company of t

			MARIL	5888	CERTIFIC	ATE OF DEATH	1	Reg. Dist.	No. 05859
		LACE OF DEATH	NONTGON	NERY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If ins b. COL	INITY AA	before admission) GOMERY
	Ł	RUBAL and give n	If outside corporate limit earest town)	s, write c. LEN	IGTH OF STAY IN 16	56 SINE	utside corporate limits, w R SPRING	1 -	
	K	OR INSTITUTION		ive street oddress)	SANITARIAN	d. STREET ADDRESS	CLARIDGE	Rd.	e. IS RESIDENCE ON A FARM? YES NO
	(NAME OF DECEASED Type or print)	Gu	y CA	RLTON	EIKER	4. DATE OF DEATH	Month 4 2	Day Year 1958
	5. 5	M	6. COLOR OR RACE	WIDOWED [DIVORCED	SEPT 30, 18	9. AGE (In) lost birtho	yrs. *	ys Hours Min.
)	5	TOCK CLE	king life, even if retired	done 10b. KIND C	OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stole	TON, D.C.	2 12. CITIZE	USA
		FATHER'S NAME DAV	io Eix	ER		JOANN	4 Oriva	EK	
	15. (Yes	WAS DECEASED EVE , no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	1-0378B	INFORMANT URGARET L	FIKER	(Same	
			ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	/.	o), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
		/77X Conditions, if a		100	ncer	of Pros	tate		year
		gave rise to couse (o), stoting lying couse lost.	the under-)		7			
3	CATION	PART II. OT	HER SIGNIFICANT CON	DITIONS CONTRIL	S. C. U.	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	N GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIF	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	IOW INJURY OCCURR	ED. (Enter nature of injury in l	Port I ar Port II af item 1	B.)	
	MEDICAL	20c. TIME OF INJUI Hour o.m. p. m.	RY Month, Doy, Yes	While _ N	OCCURRED 20e. F	LACE OF INJURY (Home, form actory, street, affice bldg., etc	, 20f. (City or town)	(Cou	nty) (State)
		21. I certify to	hat lattended the			, 1957, to 5 h occurred at 10 1	M, from the cau		t saw the decease
		ACTUAL SIGNATURE	harle	hil	re lie	MD 126001	ADDRESS (Street, city or		2 Sockulle
1		naveler anne	HARLES M	. WEB	BER				
	220		MAY 76,	1958 C	NAME OF CEMETERY	OR CREMATORY	SUITLAN	own, or caunty)	(State) Mg
	23	FUNERAL DIRECTOR	R'S SIGNATURE TOLL	25 25	HEADS WAS	HDC 240 REC'	D BY REGISTRAR 24b.	REGISTRAR'S SIGN	ATURE -

MADVI AND CTATE DEDADTMENT OF HEALTH

INERES DE LA MARIANT	CATE OF DEATH	MYSSO SEPTI	
and the self this and the self			
	1 5 M SK 70 5 1		
	L I BYO AT		
			A DESCRIPTION OF THE PERSON OF
		E SANCE OF AC	قالد انات اللي

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certification withing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far you so FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board at tricallth, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hour offer death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5889

Reg. Dis 0.5.860

	PLACE OF DEATH			MARYLA		2. USUAL RESIDENCE (V	Where decease Vland	sed lived. If institu b. COUNT	V		fore odm	
		ntgomery outside corporate limits, write	BLIRAS	c. LENGTH OF STAY IN		c. CITY OR TOWN (II		narote limite write		9		
	and give nearest town)	sursue corporate name, with	FRUNNE	4 years		C. CITT OK TOWN (II	ourside cor	porore minis, wine	NORAL OF	id give i	601431 10	,,,,,,
	Silver S						er Spr	ing			T 60 a	ecipe. ce
l '		laridge Ro		hospital, give street address)		d. STREET ADDRESS	aridge				ON	RESIDENCE A FARM?
3.	NAME OF	Fir		Middle		lost	4. DATE	Month	,	Day	,	Year
1	DECEASED (Type or print)			NER EIKER, JR.			OF DEATH	May		5		19 58
5.	SEX	6. COLOR OR RACE	7. MAI	RRIED NEVER MARRIED	3. D	ATE OF BIRTH	-5	9. AGE (In years last birthday)	IF UNDE	-	-	DER 24 HRS.
	male	white	WIDO	WED DIVORCED	1	lug. 19, 189	94	63 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO during most of working Secretar	life, even if retired)	111	b. KIND OF BUSINESS OR IN		11. BIRTHPLACE (Stole Washingt			12. CI1		F WHAT	COUNTRY?
13.	FATHER'S NAME	<u> </u>			-	4. MOTHER'S MAIDEN	NAME	3.0.0		. ,		
		T. Eiker,				Mattie I	Etheri		kde6d			
		R IN U. S. ARMED FO (If yes, give wor or dates of		16. SOCIAL SECURITY NO.		DRMANT		12,01	1 Cla	rid	øe R	oad
	no			none	Mr	s. Evelyn C.	. Eike	r Silve	r Spr	ing	. Md	
	PART 1. DEAT	H WAS CAUSED BY:		ine for (o), (b), ond (c).] Coronary	włe	occlusion				INTE	EVAL BETWEEN AND DE	reen Ath
	420.1	IMMEDIATE CAUSE (o)		COLUMNAL WAR	HAS	OCCIUSION				-		JA. A.
		DUE TO										
	Conditions, if or gove rise to immed											
	(o), stoling the u									4.4		
	couse lost.) (c										
CATION	PART II, OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH I	BUT NO	T RELATED TO THE TERM	ENAL DISEAS	E CONDITION GIV	PAIN PAI			AUTOPSY ORMED? NO 🔀
CEPTIFF	20g. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	SE WAS TRIBUTING [b. DESC	RIBE HOW INJURY OCCURRE	ED. (Ente	er noture of injury in Por	t I or Fart II	of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	W	od, INJURY OCCURRED 20e. /hile Not while work of work		OF INJURY (Home, form, street, office bldg., etc		y or town)	(Ce	ounty)		(State)
	21. I certify th	at I toak charge	af th	e remains described	abave	, held an Autops	у 🔲 , Т	nspection [X],	Inqui	ry X	, ar	nd in my
	opinion death	resulted from:	Naturo	al causes 🕱, Accide	ent 🗀	, Suicide ,	Homicide	, Undete	rmined	mann	er 🗌	
	ACTUAL SIGNATURE	Seemb bl	300	retrait		M.D. CHIEF MEDICAL E	XAMINER [DATE	SIGNED
	EXAMINER'S NAME (Type)	Frank J. B				ASSISTANT MEDICAL				Ma	іу 6,	, 1958
220		N, 226 DATE THEREC		22c. NAME OF CEMETER	Y OR C	REMATORY	22d. LOCA	TION (City, lown,	or county)		(Sto	te)
	REMOVAL (Specify) BURIAL	5/8/58		GATE OF HEAV		CEMETERY		R SPRING				
23.	FUNERAL DIRECTOR		1	ADDRESS		24o. REC	D BY REGIST	TRAR 245-REGI		GNATU	PE	
12	Variew.	6. Lumps	ney	SILVER SPRIN	G. N	D. DATE	MY 8	'58 LU	. Lea	ueh		

AMERICAND .			ALCOHOL:	
			200	
	,			70.00
				142757
		at, her thank		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Detroited to the state of		
4 + 4	THE ALL HOSTISSHIP IN THE			
None much than	A CHARLESTON OF COMMENT		7	
My Milesetel				
	1			
				Aug same
				10000
	Manager Weight became with Date 4, Date, 5 Dec			
El montes.	Manager III was the feet seed which Diese is Destrict Diese Destriction of the			
	El Monet III appris he service in the community of the co			
Elmanna Elmanna Elmanna Elmanna	El Mondal III approve had accomplished to the complete to the			
,	El Mondal III approve had accomplished to the complete to the			
	El Money III was the well seed for the El Money III, El Money III, El Money El Money III, Money III, III, III, III, III, III, III, II			

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5890

CERTIFICATE OF DEATH

05861 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest lown) Gaithersburg-Rural #1 15 Years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Gaithersburg-Rural #1
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Woodileld	/ d. STREET ADDRESS Woodfield o. IS RESIDENCE ON A FARM? YES XX NO □
3. NAME OF DECEASED (Type or print) CARRIE VICTORIA	ELSRODE 4. DATE Manth Day Year OF DEATH May 27, 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWEON DIVORCED	B. DATE OF BIRTH 20 July 1870 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work At Home	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? WARYLAND USA
13. FATHER'S NAME Joseph Fink	14. MOTHER'S MAIDEN NAME Sarah Arnold
(Yes, no. or unknown) (If yes, give wor or dates of service)	s. Hubert S. Yinger (Same as item #1)
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse (a), storing the under-	Careliovascula, duesse Interval Between Onset And Death
ICATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOTE:
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PL While Not while	ACE OF INJURY (Hame, form, 20f. (City ar town) (County) (State) ctary, street, office bldg., etc.)
21. I certify that I attended the deceased from 15	n occurred at S. HOPM, from the causes and on the date stated above. ADDRESS (Street, city of fown, state) Damasous, Maryland 27 May 1958
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BUT 181 5-31-58 Mount Olive	(5.5.5)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Mary:	land DATE IN 2 358 COLLEGESTRAR'S SIGNATURE

MALYLAND STATE DEPARTMENT OF HEALTH SOLUTIONER 18 10 6 6 for American Series to the last Les Intelles Taling Telling (An arotz an enes) contain a reduce a serio How a some that the business of the later and THE PART OF SHEET, I. P. Contents devile dimen Te-19-1 Tradericin, augilerati booty told to the term of the

計

50

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5891 CERTIFICATE OF DEATH

05862

	J	031	CERTIF	CAI	E OF DEA	VIII		Reg. Dis	st. No.	(1000)
1. PLACE OF DEATH o. COUNTY	lontgomery		MARYLA		o. STATE	(Where deceo	sed lived. If instituti b. COUNTY			admission)
b. CITY OR TOWN (II RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN	I (If outside cor	porote limits, write R	URAL ond	give neare	st town)
Bethesda			4 days		Sav	age	13.	x - 2		
OR INSTITUTION	AL (If not in hospital, s		oddress)	íd.	d. STREET ADDRES	ss ite #1				IS RESIDENCE ON A FARM? YES NO A
3. NAME OF	Fir		Middle		Last	4. DATE	Mor	nth	Day	Yeor
(Type or print)	Pet	er	Bruce		Fairall	OF DEAT			2.	19 58
5. SEX			IED NEVER MARRIED	PQ 8. D	ATE OF BIRTH		9. AGE (In years		1 YEAR IF	UNDER 24 HRS.
Male	White	WIDOWI			ril 24, 1	1949	lost birthdoy) 9 yrs.	Months	Days I	Hours Min.
Oa. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CIT	IZEN OF	WHAT COUNTRY
None			None		Maryl	and		U	I.S.A	192
3. FATHER'S NAME				1	4. MOTHER'S MAIL	EN NAME				
Patterson	M. Fairal	1			Mary.	Reese.			1	4-14-14
5. WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT THE I	redical	Record Add	lress 3.1	24	2 1
No	ir yes, gave wor or outes or s	es vices	None	The	Clinical	Center	, Betheso	1a 14,	Mar	yrand
Conditions, if or gove rise to in couse (o), stoting lying couse lost.	the <u>under-</u> DUE TO) Ac	cute Leukemi						7	months
20g. ACCIDENT WA	S UNDERLYING []		CRIBE HOW INJURY OCC					VEN IN PAR		PERFORMED?
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	While	Not white of work	De. PLACE foctory	OF INJURY (Home, , street, office bldg.	form, 20f. (C	ity or town)	(0	County)	(Stote)
olive on Maj ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION	KURT W. KO	HN,	M.D.	eath oc	The C Natio	ADORESS Clinical Chal Installational Installation	om the causes of (Street, city or town, L Center stitutes of Maryland	ond on the	he dote	
REMOVAL (Specify) 23. FUNERAL DIRECTOR'S	May 5	958	ADDRESS ADDRESS	up	Cem.	REC'D BY REGI	rund	STRAR'S SIG	CHATURY	glans
Well itti	Marilda	da.	1	11	DATE	5007/	7 150	10/	0	/-

	W 30 10 3		
	1,000		
	The break and		
	Transfer Transfer	1917 STORY	
		The second property of	
	And Artist Line		
	and the larger and	Toron, va	
Delivery of the second	Climiton Coulom, il		
		MATERIAL CHARLES PROPERTY	
		CA CATALON THE RESIDENCE OF	
		a this follow the American	
3/2/2	m destrict of the		
	Viteri Amacitas		
		THE THE THE PARTY	
		areas region to	

VS A15 (4) 15M 9/55

1	40
with	P
director	
The same	

90

0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5892 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. (15863

1. PLACE OF DEATH o. COUNTY	Montgomery		MARYLA	AND	2. USUAL RESIDENCE o. STATE Mary	(Where deceased)	b. COUNTY		tgom		on)
	If outside corporate limit	, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN	(If outside corpo	rote limits, write R)
Silver Si			3 mos.		/7 Takoma	Park					
d. NAME OF HOSPIT	TAL (If not in hospitol, gi		oddress)		d. STREET ADDRES		+	4	•		DENCE FARM? NO [X]
						4. DATE					
3. NAME OF DECEASED (Type or print)	Lou		Middle NMT		Fau1	OF DEATH	May		Doy		1958
5. SEX Male	6. COLOR OR RACE	7. MARE	NEVER MARRIED	_	6/23/78		9. AGE (In years lost birthdoy) 70 yrs.	IF UNDER Months	Doys	Haurs	R 24 HRS. Min.
			KIND OF BUSINESS OR			itate or foreign c	12	12. CI	TIZEN O	F WHAT	COUNTRY?
during most of wor	king life, even if retired) -Warehousema		etail Groce		Pennsylv			1	USA		
13. FATHER'S NAME					14. MOTHER'S MAID	EN NAME					
9	Frank Faul				Sophia	Frank					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Add	ress		Ma	ryland
(Yes, no. or unknown)	(If yes, give war or dates of se	_	85-09-3017	Mr.	Joseph F.	Arbena	, 704 Luc	llow :	St.		
18. CAUSE OF DEA	ATH [Enter only one co	se per li	ne for (a), (b), and (c).]							RVAL BE	
	ATH WAS CAUSED BY:	-	Sa for	The.	-	0.00			ONS	ET AND	DEATH
11001	IMMEDIATE CAUSE (6)		-carrier	70	Jose Gra	CALL					
4001	DUE TO	1	1			03.1	210			1	
Conditions, if a		0	de over	pa.	eject ar	oceac	1-15-	Land	1	- Project	1
couse (o), stoting		W.S	7 0	-14	- 4	~	. 0	^	-		
lying couse lost.	(c)	2-	Levery	ed	-arto	11000	- HELLISM			114	
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	NOT RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(9) 11	9. WAS /	AUTOPSY RMED?
PART II. OT	200									YES 🗌	NO
20g. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING DO CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DES	CRIBE HOW INJURY OC	CURRED	. (Enter noture of injur	y in Port I or Por	t II of item 1B.)				
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yec 19	20d. I While of wor	Not while	Oe. PLA fact	CE OF INJURY (Hame, ory, street, office bldg.	farm, 20f. (City, etc.)	y or town)	((County)		(State)
21 I cartify t	hat I attended the	decens	ed from 2	- 1	1, 19 42 10	Zani	151.195	that I	last so	w the	deceased
	0-7 /5		. /	dogth		TOPM Grow	n the causes				
alive on	1)	_, 19_	and mar (Jeum	occorred dig		treet, city or town,		ine uai		ATE SIGNED
ACTUAL	1/10	1			19.	- 6			111	~7	4.42
SIGNATURE	K-12- 1	/ (and en	N	1.D	-7	- Simon Color			125	Jeland .
PHYSICIAN'S NAME (Type)	John S. Ro	ogers	3		Si	PL	200	tal	-	V	
	ON, 226. DATE THEREC	F	22c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)		(Stot	e)
REMOVAL (Specify	5/19/58		NCRTHWOOD	CEM	ETERY	PHIL	ADELPHIA	PA.			
23. FUNERAL DIRECTOR		0	ADDRESS			REC'D BY REGIS	TRAR 246 REG	STRAR'S SI	GNATU	BE .	
warner	mut. o	MXO	4 SILVER SE	RING	G. MD. DATE	MAY 1 9	'58 (1)	efer	wel	1	
			COTTAIN DE	AN ALLY	S TILL O DATE	111/11	1 00	- 13 ~			

eQuality at the east		ADBITRED		
			Charles and and	
	1000			
Logorous Christian	Albert C. M. Huster			
			1000 m	Control And Disease of the Control And Con
the Transport of the Charles of the			Maria and Maria (AUTO CONTRACTOR
the transfer of the state of th			ear and And a series of the se	Author County Lot 1 of 1

VS A15 (4) 15M 9/55 00

MARYLAND STAT	E DEPARTMENT	OF HEALTH—BALTIMORE	, 18
5832	CERTIFICATE	OF DEATH	

05864

3032 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR IOWN (If autside corporate limits/write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) ARK d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO NAME OF First Middle 4. DATE Last Month Day Yeor DECEASED (Type or print) DEATH 19 5 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Days Min. WIDOWED [DIVORCED T YES. 10st USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of warking life, even if retired) ILLSDALE. USI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARTHUR EVEENE MAR 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) north DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? YES NO D 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, affice bldg., etc.) Hour o. fi. Not while 19 at work at work 21. I certify that I attended the deceased fram. that last saw the deceased alive or and that death accurred at_ M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220 SURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 22d LOCATION (City, town or county State REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRES 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

File of the second				
The state of the s				
S FROM CECULES #2			WOOL IS ADMINISTRATIVE OF THE	6A
	Compellate andrew		A COLUMN TO SERVICE DE	r practice of
			Alle de les les les Pos	
			off temporal of telepolicy () (ii)	
	office.			
	THE RESERVE			
		S COULT A		

FOR STATE HEALTH DEPT.

é	£	eto	S	P	
>	the	90	the	ter	
0	0	N F	<u>.c</u>	20	
-	93	Ĕ	3	300	
GOLD	ě	6 5	0	2	-
Ö	4	900	8	7	
Tie	-		7	Th.	
0	ge	EW.	960	Y	,
50	2	6	ă.	ren	
4 1	ive	for	File	5	
7	O	17		Can	
E L	00	3	Ē	E.	
3	E	Buc	per	Pu	
010	==	0	Sil	, o	
9	.5	ce	up	DAG	
0	Pa.	9	1-10	E S	
ă	8	.00	15	Se De	
200	, <u>e</u>	ne	2 0	0	
SAG	, D	ED	6	0	
270	O.	EX	P	mal	
1	per	D	SA	re	
-	:	edi	20	÷,	
25	101	Ž	P	ria	
_	0	ef	har	P	
EK	뜌	Ü	50	0	
7	- Bu	the	ge	10	
3			0	ā	
<		5	S.	ens	
2	000	pic	H	00	
į	100	A	REC	Pa	
120	cer	9	ö	10	
5	he	å	AL	Sig	
5	9	p ja	EX	de	
13	200	2	S	5	
2	e ×	4	7	ö	
-			ĭ		
5.	A	15/	ME		
21	M 2	1/5	TO FUNERAL DIRECTOR: Poge 3 shauld be used as a buriol-transit permit. File pages Land 2 with the St		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL	EXAMINER'S em 7 FilmG230	CERTIFICATE	OF DEATH
5002 Tt	em 7 FilmG230	6-9-58 et	

	D.O.A.	ME	DICA	L EXAMI				E OF	DEATH	Reg. C	U5.	86	5
1, 1	PLACE OF DEATH	90	00			2. USUAL RE	SIDENCE (W	here deceas	ed lived. If institu	tion: Resid	lence bel	ore adm	ission)
	Mo:	ntgomery		MA	RYLAND	o. STATE	Md.		b. COUNT	Y PT	ince	Car	37700
b		t outside corporate limits, write	RURAL	c. LENGTH OF STA	YINIb	c. CITY OF	TOWN (If	outside corp	porole limits, write				
	Bethesd			D.O.A.		R	i.verda	le l		Mor	vlar	h.	
0		AL OR INSTITUTION (f not in hos		-	d. STREET		tude (v.		Ticli) 101	e. 15 R	ESIDENCE
	Suburb	an				620	5. 54th	Ave.	16	25.	2		A FARM?
	NAME OF DECEASED (Type or print)	Robert Hac		Middle		Los	1	4. DATE OF DEATH	Mont	20	Doy		eor 9 5\$
5. 5	EX	6. COLOR OR RACE			IED 8.	DATE OF BIRTH	1		9. AGE (In years	IF UNDE	RIYEAR		ER 24 HRS.
- 1	Male	White	WIDOWED	DIVORCE		Ten	29:19	112	last birthday)	Months	Days	Hours	Min.
-		ON (Give kind of work on the life, even if retired)	done 10b. K	IND OF BUSINESS C	R INDUST					12. CI	IZEN O	F WHAT	COUNTRY?
d	luring most of working			auto		Nev	v Yor	k				ren a	
13.	FATHER'S NAME	~4.1		auco		14. MOTHER'S	MAIDEN N.	AME		1	U	SA	
	Unk	nown				tion	know	ecord					
15.	WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY N	O. 17. IN	FORMANT	ILLIO WE	&.	Address				
	es	WW 11	1	36-10-96	94 I	Police 1	Recor		rtrude L	Fo	nhad	- T+ a	·m 49
		TH Enter only one cou	se per line t	for (a), (b), and (c),)				- 40	trade E	. 10		VAL BETW	
		TH WAS CAUSED BY:			07						ONSE	Y AND DE	ATH
	823×	IMMEDIATE CAUSE (0)	601	llapse of	rt. El	t. Lung	S				+1	hr.	
		DUE TO											
	Conditions, if o	diote couse	Grus	shed chest							11	hr.	
	(a), stoling the couse fast.		Aut	to. accide	nt `						1	hr.	
CERTIFICATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASI	CONDITION GIV	EN IN PA		PERFO	RMED?
DIE	200. EXTERNAL CAL	ISF WAS 20	h DESCRIBE	HOW INJURY OCC	LIPPED /F	ter poture of in	inge in Part	Las Part II	-4 Is-a- 18 1			ES 🔀	NO []
	PRIMARY DE COL CAUSE OF DEATH.	NTRIBUTING []	Was d	river of	car t	hat lef	t high	hway 8	ran int	to oth	ler	car	
MEDICAL	20c. TIME OF INJU	RY Month, Day, Yes			20e. PLAC	E OF INJURY (Home, form,	20f. (City	or town)	(Co	unty)		(State)
MED	THOUS OF M.	5/29/5019	While of wa	Not while		0 & Ma			ermantown	Mont	to 1	4.2	
	21. I certify th	hot I took charge	of the r	emains describ					spection .		гуП	an	d in my
		resulted from: 1			_	-			, Undete		,		,
	ACTUAL SIGNATURE	Frank Or	Bu	nhart		M.D. CHIEF A	AEDICAL EXA	AMINER				DATE S	IGNED
		1				ASSISTA	NT MEDICA	L EXAMINE	R 🗆				
	EXAMINER'S NAME (Type) Trys	ank J. Pros	a a b a a a d			DEPUTY	MEDICAL E	XAMINER [] do	. 5/2	9/58		
220 I	BURIAL, CREMATIC	N. 226. DATE THEREC	F	22c. NAME OF CEMI Arlington				22d. LOCAT Arling	rion (City, Idwn, or Vita	or county)	a	(Stote	•)
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			240. REC'D	BY REGIST	RAR 246. REGI	STRAR'S SI	GNATUE	E	
F	Robert A.	Pumphrey	-Betl	nesda, Ma	rylan	ıd	DATE	JUN 3	'55 (Wh	eau	eda	

TALT BUT TALE HUAT

	Table Total	S			
	2101,02			No.	
	NOT W	ovi iv			
	1 . 1 7.1	0		_ awoni	in We
Legati - Sarier N. J. Seltritt	m - 19,104	-9494			
rude 1. Forbes-Item	100-21006 A		209-01-201	A.4 Ye.Ye., Chicard Albanda Services Albanda Services Albanda Services Albanda	
me/l-esato (esulla 	100-21006 I				
meil-eedito I. i etulia	10D-11006				
me/l-eed/to etulia					
me/l-eed to it. it et uit.					

FOR STATE HEALTH DEPT.

within 24 hours ofter death. If ony delay is necessory, please 18. Give Pages 1, 2, and 3 to the funeral director. Page 3 with form PM3. Page 5 may be retained for your mit. File pages 1 and 2 with the State Board of Walth, in any, event within 72 hours after death.

8	-	0	40	P
70	£2	õ	0	C
Ü	-	-	-	O
3	-	O	100	
Ü	6	40	5	0
0	000	O	D	>
60	=	5	-	9
41	S	O	-	E
- 20	6	-	.0	-
	۵.	* 40	-5	
0	-	2-	0	Ö
3	0 000	ě	-	
0		•=	0	e
2	°CD	1	97	Ö
47	C	0	D	=
9	=		773	0
D	č	_		E
S	ē	7	10	43
44	Q	ŭ		b
t	6	45		-
63	773	ě	Φ	-
0	-	5	70	0
- 85	0	-	400	Bar
2	5	Maria dia	2	8
-	0	-=	ě	_
**	4	150	6/9	0
900	-	V	3	-
=	0		41	2
~	. =	æ.	500	. 2
5	-	-	Ö	ŏ
3	1		2	Lake
3	7			4
_			X	5
Band .	6)	47	0	9
-4	0	2	Ě	6
a.	0	0	U	0
U	A.Den	3	ш	TO
0	t	-	000	0
LA	0	2	5	0
3	U	41	-	5
_	9	č	-4	0
>-	-	_	4	676
-	-	P	84	9
5	9	5	ш	O
0	2	0	Z.,	60
W	0	ټ.	\supset	.=
4	×	41	-	-
0	0	4	0	or its designated agent, prior to burial, cremotion, or removal, and
2			2	
			-	
ve.	A	151	MF	
of TO DEPUTY MEDICAL EXAMINER: This certificate should be executed w	^	101	TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit per	
51	M S	2/5	7	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Ite	ms 8 & 9		L EXAMINER'S		CATE	OF DEA	ГН	Reg. D	ist. No	58	66
PLACE OF DEATH	58 ontgomery	94	MARYLAND	2. USUAL RESID	ENCE (Where d		f institut		onte		ission)
	I outside corporate limits, wri	to RURAL	c. LENGTH OF STAY IN 16	1		corporate limit	write			-	(awa)
Gaither	n)	- 1	life	1 ~	ersburg	,	- 1			001431 10	,
		/	spital, give street address)	d. STREET ADI		, (rura	1/	R -	6	To IS P	RESIDENC
	eld Rd.				arfield	Rd.				ON	A FARM
3. NAME OF DECEASED (Type or print)	John	Oscar	Middle Frazier	Last	4. DA OF DE	-	Month 12.	1958	Doy B		Yeor
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED 8	DATE OF BIRTH	5/12/1	89 59. AGE (In	years	IF UNDER	TYEAR	IF UND	DER 24 HR
male	col.	WIDOWE	DE DIVORCED	10/17	158	623		Months	Days	Hours	Min.
00. USUAL OCCUPATION	ON (Give kind of work	done 10b. I	CIND OF BUSINESS OR INDUST	RY 11. BIRTHPLAC	E (Slole or fore			12. CITI	ZEN O	F WHAT	COUNTR
labore:	ng life, even if retired)			Md.				170	T. A		
13. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME			US	D.A.		
Tranc	Frazier			111111111111111111111111111111111111111							
	ER IN U. S. ARMED FO	RCFS? 16	SOCIAL SECURITY NO. 17. IF	FORMANT	nie War		Address				
Yes, no, er unknown)	Ilf yes, give wor or dates of	service)		Helen Smi	th/giet			sburg	bus v		
				TOTON DINT	OH STO	or) Gar	OHOT	SDUTE			
	TH [Enler anly one co	use per line	tor (o), (b), ond (c). j						ONSE	T AND DE	ATH .
PARE I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ce	rebral Vascula	Acciden	t					l hr	
33/x	DUE TO										
Canditions, if a	iny, which) (b	1									
gave rise ta imme	diate cause								-		
(a), stating the	Onderlying !										
) (c		A THE HYANG TO DEATH BUT A	OT BELLTED TO TH	E TERMINA DA	react contour					
PART II. OTI	HER SIGNIFICANT CON	DITIONS CC	ONTRIBUTING TO DEATH BUT N	IOI KELATED IO IH	E TERMINAL DI	SEASE CONDITIO	DN GIVE	:N IN PAR		PERFO	AUTOPSY DRMED?
5									,	res 🗌	NO X
200. EXTERNAL CA	USE WAS 2	0b. DESCRIB	E HOW INJURY OCCURRED. (E	nter nature of injur	y in Part I or Pa	art II of item 18.					
		Prev:	ious C VA 2 yrs	ago							
20c, TIME OF INJU	RY Month, Doy, Ye		INJURY OCCURRED 20e. PLACE	E OF INJURY (Hor	ne, form, 20f.	(City or town)		(Cou	inty)		(State)
Hour o. m.	19	While	Not while facts	ory, street, affice bl	dg., elc.)						
			remains described abo	un halal an A		I and a second				-	
							IXI,	Inquir	y K	, an	d in m
opinion deoth	resulted from:	Noturol	causes 🔀, Accident [, Suicide [, Homic	ide 🔲, U	ndeter	mined r	nonne	er 📗	
1	- ^	0									
SIGNATURE TO	auch ()-1	2nd	nhart	M.D. CHIEF MED	ICAL EXAMINE	R 🗀				DAIES	SIGNED
	7			ASSISTANT	MEDICAL EXAM	MINER [
EXAMINER'S NAME (Type) HI	ank J. Bro	schart		DEPUTY ME	DICAL EXAMIN	IER/	Mo	y 13.	10	58	
20. BURIAL CREMATIC	ON. 226. DATE THEREO		22c. NAME OF CEMETERY OR			OCATION (City,		-	13	(State	-1
REMOVAL (Specify	5/14/58		Brooke Grove			aytonsv				131010	-,
3. FUNERAL DIRECTOR	2	1	ADDRESS							-1	
V. V.	271	Non	Dealerille MA	24	O. REC'D BY RE	1 5 58 24E	REGIST	RAP'S SIG		7	

	THE EXAMINERS		FITARG TO ST
	The second second		
		200170-201	
	Marin Committee		
			THE RESERVE
Truein 1 /24/88	Strong Strang		The state of the s
一种种种种的			

M

51

I

		AND 895	STATE DEPARTM CERTIFICA	ATE OF DEAT		TIMORE, 1		05 ist. No.	867	5
1. PLACE OF DEATH o. COUNTY	ontgomery		MARYLAND	2. USUAL RESIDENCE (o. STATE Virg:		d lived. If instituti b. COUNTY	on: Reside	nce befor	re admissi	ion)
RURAL and give ne	f outside corporate limit corest town) Rural)	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	prote limits, write R	URAL ond	give nea	rest town)
OR INSTITUTION	AL (If not in hospitol, gi			d. STREET ADDRESS Box 206						FARM?
3. NAME OF DECEASED (Type or print)	Fire James		Marion	Lost FREE	4. DATE OF DEATH	Maj		Da 2	1	Yeor 19 58
5. SEX Male		7. MARRI WIDOWE	D DIVORCED	B. DATE OF BIRTH 9-15-33		9. AGE (In years lost birthday) 24 yrs.	Months	Doys	IF UNDE Hours	R 24 HR
10o. USUAL OCCUPATIO	ON (Give kind of work of	lone 10h	KIND OF RUSINESS OR INDI	ISTRY 11. BIRTHPLACE IST	ate or foreign o	country) "	112. CI	TIZEN O	F WHAT	COLINI

b. CITY OR TOWN (II RURAL and give ne	f outside corporate limits, write orest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rote limits, write R	URAL ond	give neare	est town)	V
Bethesda (1	Rural)	70 days	McLean		8	3x -	3		
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS				e.	IS RESI	
	Hospital, Bethe	sda, Md.	Box 206			100		YES [
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Mor	th	Day	Y	eor
(Type or print)	James	Marion	FREE	DEATH	Ma		2	_	9 58
5. SEX	6. COLOR OR RACE 7. MARI	RIED 🚺 NEVER MARRIED 🔲			9. AGE (In years lost birthday)	Months			
Male	White widow	ED DIVORCED	9-15-33		24 yrs.	Monins	Doys	Hours	Min.
10o. USUAL OCCUPATION during most of work U.S. Marine	DN (Give kind of work done ling life, even if retired) Coprs U.	KIND OF BUSINESS OR IND S.Marine Corp			ountry) *		S.A.		COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDE	NAME					
George Fran			Ruth Vir	ginia C					
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress			
Yes	3-3-53-2-27-58		(Wife) Carol	J. FRE	E, same a	as #2	abov	re	
18. CAUSE OF DEA	TH [Enter only one couse per li	ne for (a), (b), and (c).]					INTER	VAL BET	WEEN
PART I. DEA	TH WAS CAUSED BY: Ma	lignancy, ret	roperitoneum	type	undetermi	ined	ONSE	TAND	DEATH Prmine
158X	IMMEDIATE CAUSE (0)		ple metastase				OLI	100 00	1 to 2020-000
, 0 ,	DUE TO	MICH HIGH CI	Tre me oan oan	. 5					
Conditions, if or									
gove rise to it	DIE TO								
lying couse lost.	(c)								
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	VEN IN PAR		PERFOR	NO
PART II. OTH PART II. OTH	S UNDERLYING 20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury	in Port I or Por	t II of item 1B.)				
20c. TIME OF INJUR Hour o. m. p. m.	While	Not while	PLACE OF INJURY (Home, footory, street, office bldg.,	orm, 20f. (Cit	y or town)	(County)		(Stote)
		k ot work							
21. I certify th	at I ottended the deceo	ed from Feb 21	19 58, to	May 2	1958	thot I	lost sov	w the	deceosed
olive on May	2 19	58 , and that dea	th occurred at 7:10	OP M from	n the couses	and on t	he date	state	d above
0.,,0		,,, one mar dec	00001100 00_0	ADDRESS (S	treet, city or town,	state)	ne date	DA	TE SIGNED
ACTUAL	m/	-1	M.D. U. S. 1			•		5-2	-58
SIGNATURE	Millinde	/	M.D. U. D. 1	Javat II	OSPIGAT	THITT		7-3	- 70
PHYSICIAN'S B	. D. CASTEEL, C	APT, MC, USN	Bethese	da, 14,	Maryland	3			
220. BURIAL, CREMATIO	N, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town,	or county)		(Stote)
Burial (Specify)	5-8-58	Arlington Ne	tional Cemete	ATT ATT	lington		Vir	gin	•
		ADDRESS				CTDAD'C CL			For
3 FUNERAL DIRECTOR					TRAR 24b. REGI	1	77		
W.W.CHAMBE	RS 1400 Chapir	St., NW, Was	nington, DGATE	AY 7 5	8 1111	LeRes	2.0		

VS A15 (4) 15M 10/57

			SENALVERIM	
Company and Charge and Company	TE OF DEATH	ASPITALD		
			execusions.	
	Was View			
		Part of the case	1.11.00 e.11.131M	mili.B.J
10° 10°	mess auti	5 2 200		
	15 Hall 18 (2)			
		au p. O. anti tail.	1.0 (2.50) (4.15)	
	ev magati orga		Se of Street County of the County	
	() ()			985

I director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the spital or attending physician. TO FUNERAL DIRECTOR for the this certificate has been signed by the attending physician and completely filled in by the formal director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5396 CERTIFICATE OF DEATH

Reg. Dist. 45868

MONTE OTHERTY MARKED MONTH (Ileutide corporate limin, write and interest flown) Bethes de M. 3 I lar. 45min M. Bethes de M. 3 I lar. 45min M. Washington 47 x 3 I lar. 45min M. Washington 7 x 10 x		LACE OF DEATH					2. USUAL RESI			lived. If institution		e before a	dmission)
b. CITY OR TOWN If leuride corporate limits, write BURAL and give nearest forms Value Valu	ľ		tgomer	V	N	ARYLAND	o. STATE			b. COUNTY	Cx		
d. NAME OF HOSPITAL (If no time hospital, give sivere address) SUDUPDIAN HOSP, Bethesda, Md., 4607 River Rd., 1.5 RESIDENCE ON INSTITUTION SUDUPDIAN HOSP, Bethesda, Md., 4607 River Rd., 4007 Rd.,	1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16											
Suburban Hosp, Bethesda, Md, 4607 River Rd. Yes Not		Bethesde	Ma		1 hr.4	5min	Wa	shingt	ton	4	17x	3	
Suburban Hosp, Bethesda, Md, 4607 River Rd. Yes Not		OR INSTITUTION	At (If not in hosp	oital, give street	oddress)		d. STREET A	DDRESS				e. 19	RESIDENCE
DECASED (Type or print) TWY CAPTETON RODOLPh PTY OSAH May 6 19 58 19 58 S. SEX B. COLOR OR RACE 7. MARRIED XINEVER MARRIED 10 DIVENA COCCUPATION (Cive kind of work dome) WINDOWED DIVORCED DIVORCED DIVORCED OCt. 51 91	S	uburban	Hosp.	Bethe			4607	River	Rd.				
S. SEX 6. COLOR PACE 7. MARRIED NOVECTO DATE OF BIRTH 9. AGE (In year of least of FUNDER 124 PR. Man.) 100. USUAL OCCUPATION (Give kind of work) of working life, even if refired) DIVORCED DIVORCED DIVORCED Oct. 5º 91 66 yr. 66 yr. 66 yr. 66 yr. 66 yr. 66 yr. 67 yr. 68 yr	3. 1	NAME OF DECEASED		First			Los			Mon	th	Day	Yeor
NUMBONED DIVORCED DIVORCED DOCT. \$ 191		Type or print)	XX	Carlet	on Roc	lolph	Fry		DEATH	Ma	V	6	19 58
NUMBONED DIVORCED DIVORCED DOCT. \$ 191	5. 5	EX	6. COLOR OR F	RACE 7. MAR	RIED NEVER MA	ARRIED	B. DATE OF BIRTI	Н	9.	AGE (In years			
13. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MADEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address M.		Male	W	WIDOW	ED DIVO	RCED 🗌	Oct.5	191			Months	Doys He	ours Min.
13. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MADEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address M.	100	USUAL OCCUPATIO	N (Give kind of	work done 10b	KIND OF BUSINE	SS-OR INDUS	TRY 11. BIRTHPL	ACE (Stole o	or foreign cou	ntry)	12. CITI	ZEN OF W	HAT COUNTRY?
13. FATHER'S NAME TO MAS RODING FOR THE PLANT OF THE PL				Ü	S. GOVT		(8)	ASI	+.	D 0		11.5	5 4
It yes, got with own on the course per line for (o). (b). and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). MYOCARDIN DEATH ONSE! AND DEATH ONS!! AND DEATH ON DEATH ONS!! AND DEATH ON DE	13.						14. MOTHER'S	MAIDEN N	AME	-		<u> </u>	
It yes, gus out out of data of variety Unknown Mrs. Katherine P. Fry, 4607 River Rd. N.W. Wash It. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) MYOCARDIN NETROCOMEST AND DEATH NOTIFIED INTO SET AND SE		THON	IAC 1	Rada	1 PH	ERV	1 11	1011	0	()	MALE	- 10	
Tennes of unknown Bit yes, give wor or dotal of variety Unknown Mrs. Katherine P. Fry, 4607 River Rd. N.W. Wash 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) MICARDIN NETT NOTE (and the couse of the couse (o), storting the under lying couse lost. (c) Conditions, if any, which gave rise to immediate cause (o), storting the under lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING DAVISE OF DEATH OR CONTRIBUTING DAVISE OF DEATH OF THE NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (County) (Stote) (Fitter, NOTIFY MEDICAL EXAMINER) Of work	15.	WAS DECEASED EVER	IN U. S. ARME	D FORCES? 16.	SOCIAL SECURITY	NO. 17. II	NFORMANT	INY	<u> </u>	Add	ess .	- 1	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. LIMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the under lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO CORRESPONDED TO COR	(Yes	no. of unknown)	It yes, give war or do				e Katha	rine l	D Fran	4607 P	ivor I	IN BO	Li Wa ab
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (b), PRTERIOSEROTIC HEART DISEASE CONDITION GIVEN IN PART I(c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year While of work of	-	/V ()					S. Rathe	Line	LLY	, 4007 K	TACL		DC
DUE TO Conditions, if any, which gove rise to immediate cause (a), storing the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS COURSED WHILE A COLOR OF THE TERMINED TO THE TERMINED TO THE TERMINAL DISEASE COND				. av								ONSET	AL BETWEEN AND DEATH
Conditions, if any, which gove rise to immediate cause (o), stoting the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OR ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. 19 of work of													
gove rise to immediate cause (c), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YE													
gove rise to immediate cause (c), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YE		Conditions, if any, which) ARTERIOSLERBTIC HEART DISPACE IL MERCE											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 19 While Not while of work of w	gove rise to immediate								11 ICHIS				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 19. WAS AUTOPSY PERFORMED. YES NO 19. WAS AUTOPSY PERFORMED. YES NO 19. WAS AUTOPSY PERFORMED. YES NO 19. WAS A			he under-	(a)									
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of wor	z	, ()											
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of wor	Ĭ	PERFORMED?											
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of wor	F	20- ACCIDENT WA	c uniperiodical	C3 200 050	CRISE LIGHT BARR	V OCCUPRE	15			1 6 1 10 1		YE	г ио □
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of wor	ERTI	OR CONTRIBUTING	CAUSE OF D	EATH	CKIRE HOW INJUI	KY OCCURREL). (Enter noture o	r injury in Po	ort i or Port I	of item 18.)			
21. I certify that I attended the deceased fram. May 6 , 1958, to May 6 , 1958, that I last saw the deceased alive on May 6 , 1958, and that death accurred at 10:30AM, fram the causes and an the date stated above. ACTUAL SIGNATURE PARENTS (Street, city or town, stote) M.D. Washington Clinic, Wash. D. C. PHYSICIAN'S NAME (Type) Philip R. James 220. BURIAL, CREMATION, REMOVAL ISpecify) BURIAL CREMATION, P. 5/9/58 CONGRESSIONAL CEMETERY WASHINGTON, D. C.	-												
21. I certify that I attended the deceased fram. May 6 , 1958, to May 6 , 1958, that I last saw the deceased alive on May 6 , 1958, and that death accurred at 10:30AM, fram the causes and an the date stated above. ACTUAL SIGNATURE PARENTS (Street, city or town, stote) M.D. Washington Clinic, Wash. D. C. PHYSICIAN'S NAME (Type) Philip R. James 220. BURIAL, CREMATION, REMOVAL ISpecify) BURIAL CREMATION, P. 5/9/58 CONGRESSIONAL CEMETERY WASHINGTON, D. C.	Š		Month, Doy							r town)	(Co	ounty)	(Stote)
alive on May 6, 1958, and that death accurred at 10:30A, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. Washington Clinic, Wash, D. C. PHYSICIAN'S NAME (Type) Philip R. James 220. BURIAL, CREMATION, REMOYAL (Specify) BURIAL 220. DATE THEREOF CONGRESSIONAL CEMETERY WASHINGTON, D. C. (Stote) CONGRESSIONAL CEMETERY WASHINGTON, D. C.	ME]	,,,	g.,,					
alive on May 6, 1958, and that death accurred at 10:30AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. Washington Clinic, Wash. D. C. PHYSICIAN'S NAME (Type) Philip R. James 220. BURIAL, CREMATION, REMOYAL (Specify) BURIAL 221. DATE THEREOF CONGRESSIONAL CEMETERY CONGRESSIONAL CEMETERY WASHINGTON, D. C.		21. I certify the	at I attended	the deceas	sed fram. Ma	ау б	1958	, to Ma	ау б	19 58	that I lo	ast saw	the deceased
ACTUAL SIGNATURE M.D. Washington Clinic, Wash. D. C. PHYSICIAN'S NAME (Type) Philip R. James 220. Burial, Cremation, Removal Ispecity BURIAL ADDRESS (Street, city or town, stote) DATE SIGNED 221. Wash. D. C. 222. Name of cemetery or crematory REMOVAL Ispecity 5/9/58 CONGRESSIONAL CEMETERY WASHINGTON, D. C.													
PHYSICIAN'S Philip R. James 220. BURIAL CREMATION, REMOYAL (Specify) BURIAL 220. DATE THEREOF CONGRESSIONAL CEMETERY (Congression) Congression													
PHYSICIAN'S NAME (Type) Philip R. James 220. BURIAL, CREMATION. REMOVAL ISpecify) 5/9/58 CONGRESSIONAL CEMETERY WASHINGTON, D. C. (Stote)			2.0 F	2.06			Washi	ngton	Clinic	Wash.	D. C		
NAME (Type) PITTIP R. JERNES		SIGNATURE	A.	1 stra	~~		M.D.	ii g c oii	0471117	· · · · · · · · · · · · · · · · · · ·			
220. BURIAL, CREMATION, REMOVAL ISpecify) BURIAL 22b. DATE THEREOF CONGRESSIONAL CEMETERY 22d. LOCATION (City, town, or county) WASHINGTON, D. C.		PHYSICIAN'S	Philip	R. Jame	s								
BURIAL Specify) 5/9/58 CONGRESSIONAL CEMETERY WASHINGTON, D. C.	220				20. NAME OF	CEMETERY OF	COCIATORY		m4 1001716	N1 (C:)			
	123												(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 245 PECISTRAP 245 PECISTRAP'S SIGNATURE	23				ADDRESS	OZ OLWID	OBLILLER					LA TRIDE	
20. 100 01 100 1101	9	1 Dunale 1		hlung		DINO	MD					/	
Clienter lo. Primphery, SILVER SPRING, MD. DATEMAY 8'58 Will-feduck	4	server se	- rum	porcey, 5	TTARK 25	KING,	שעויי.	DATEMAI	0 30	UW.	redu	CK	

21.590Mitjas=197JaeH3O 3V5MT9A920 37A72 (MA.)

51

I

1. FLACE OF DEATH 0. COUNTY MONTGOMETY MARYLAND 0. STATE Virginia 0. COUNTY MONTGOMETY MARYLAND 0. STATE Virginia 0. COUNTY MONTGOMETY 0. STATE Virginia 0. COUNTY MARYLAND 0. STATE Virginia 0. COUNTY MARYLAND 0. STATE Virginia 0. COUNTY MARYLAND 0. STATE Virginia 0. COUNTY MONTGOMETY 0. STATE Virginia 0. STATE Virginia 0. COUNTY MONTGOMETY 0. STATE Virginia 0. STATE MONTGOMETY 0. STATE 0. STATE MONTGOMETY 0. STATE			1891	STATE DEPA		ATE OF I			TIMORE,	Reg. Dis	0	58	69
BURN on give perset lover) Bethesda (Rural) d. NAME OF HOSPITAL (If not in hospital), give intest oddress) OR INSTITUTION U.S. NEVAL Hospital, Dethesda, Md. P.O. BOX #74 e. IS RESIDENCE ON A FARMY CON A FARMY IN Middle FULLER DEATH MAY 21 19 56 S. SEK FEMALE WILDOWED DIVONCED NO USUAL OCCUPATION (Give lind of work done during most of working life, even if retired) HOUSE WIFE HOUSE WIFE HOUSE WIFE 13. MOTHER'S NAME Edward H. OFFLEY 15. SATHER'S NAME Edward H. OFFLEY 15. SANDE CEASED VER IN U. S. ARMED FORCES? If you per wor or dollar of survice) UNRNOWN 18. CAUSE OF DEATH (Enter only one course per line for (o), (o), and (c). PARTI. DEATH WAS CAUSED BY: IN MOTHER'S MAIDEN NAME HOUSE WIFE 18. CAUSE OF DEATH (Enter only one course per line for (o), (o), and (c). PARTI. DEATH WAS CAUSED BY: IN MOTHER'S IN WILL SAME CAUSE (o) UNRNOWN 18. CAUSE OF DEATH (Enter only one course per line for (o), (o), and (c). PARTI. DEATH WAS CAUSED BY: IN MOTHER'S NAME 19. ACTUAL WAS CAUSED BY: IN MOTHER'S MAIDEN NAME ADDRESS (Street, city or lown) INTERVAL BETWEEN CONSETTAND DEATH ON CONSTRIBUTING (CAUSE) OR CONTRIBUTING (CAUSE) OR	PLACE OF DEATH O. COUNTY	Montgomery		MAR	CLAND	2. USUAL RES			ed lived. If institut b. COUNTY			e admis	sion)
U.S. Neval Hospital, Bethesda, Md. P.O. BOX #74 Son A FARW TES_NOW T	Bethesda e	(Rural)		1 day	IN 1b	c. CITY OR			prote limits, write f	URAL ond g	ive neo	rest tow	n) 🗸
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH SEATH FUNDER 114R	OR INSTITUTION					d. STREET	_	Box #	74			ON A	FARM?
S. SEX 6. COLOR OR RACE FEMALE White Female White Whowere Whose Washington, D. C. Washington, D	3. NAME OF DECEASED (Type or print)							OF.		ith			_
100. USAL OCCUPATION Give kind of work done during out of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME Edward H. OFFIEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse of the under couse (o), stoling the under couse (o), stoling the under couse (o). Stoling the under couse of DEATH [EFTHERN NOTIFY MEDICAL EXAMINER) 20. ACCIDENT WAS UNDERVING. 10. DUE TO CONDITIONITY MS UNDERVING. DOE CONTRIBUTION SCONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTION OF	S. SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARRI	€D □	B. DATE OF BIRT	н				1 YEAR	IF UND	ER 24 HRS.
HOUSEWIFE HOUSEWIFE HOUSEWIFE HOUSEWIFE HOUSEWIFE Washington, D. C. U.S. 14. MOTHER'S MAIDEN NAME Mary C. NELSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? If the pre-violate of verview of the of verview of verview of the of verview o			1			23 Apri	.1 187	1	87 yrs.	Months	Doys	Hours	Min.
13. FATHER'S NAME Edward H. OFFLEY 15. MAS DECEASED EVER IN U. S. ARMED FORCES? I. 6. SOCIAL SECURITY NO. INFORMANT SON—IN—Law, Chester L. FORDNEY (Same As #2) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. Congustive Heart Facture Conditions, if ony, which gove rise to immediate couse (o), stoling the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO [C) OR CONTRIBUTING CAUSE OF DEATH (Either, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO [C) 200. TIME OF INJURY Medical Examiners (Either, NOTIFY MEDICAL EXAMINER) 201. I certify that I attended the deceased from 20 May 19.58 to 21 May 19.58 that I last saw the deceased later and the causes and on the date stated about a control of the causes and on the date stated about a control of the causes and on the date stated about a control of the causes and on the date stated about a control of the causes and on the date stated about a control of the causes and on the date stated about a control of the causes and on the date stated about a control of the causes and on the date stated about a control of the causes and on the date stated about a control of the causes and on the date stated about a control of the causes and on the date stated about a control of the causes and on the date stated about a control of the causes and on the date stated about a control of the causes and on the date stated about a control of the causes and on the date stated about a control of the causes and on the date stated about a control of the causes and on the date stated about a control of the causes and on the date stated about a control of the causes and on the date stated about a control of the cause and on the date stated about a control of the c	doring most of wo	ION (Give kind of work or rking life, even if retired			R INDU					12. CITI			COUNTRY
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? IS. WAS DECEASED EVER IN U. S. ARMED FORCES? IND IS. WAS DECEASED EVER IN U. S. ARMED FORCES? IND ID. WAS DECEASED EVER IN U. S. ARMED FORCES? IND ID. WAS DECEASED EVER IN U. S. ARMED FORCES? ID. WAS DECEASED EVER IN U. S. ARMED FORCES? ID. WAS DECEASED EVER IN U. S. ARMED FORCES? ID. WAS DECEASED EVER IN U. S. ARMED FORCES? ID. WAS DECEASED EVER IN U. S. ARMED FORCES? ID. WAS DECEASED EVER IN U. S. ARMED FORCES? ID. WAS DECEASED EVER IN U. S. ARMED FORCES? ID. WAS DECEASED EVER IN U. S. ARMED FORCES? ID. WAS DECEASED EVER IN U. S. ARMED FORCES? ID. WAS DECEASED EVER IN U. S. ARMED FORCES? ID. WAS DECEASED EVER IN U. S. ARMED FORCES? ID. WAS DECEASED EVER IN U. S. ARMED FORCES? ID. WAS DECEASED EVER IN U. S. ARMED FORCES? ID. WAS DECEASED EVER IN U. S. ARMED FORCES? ID. WAS DECEASED EVER IN U. S. ARMED FORCES? ID. WAS DECEASED EVER IN U. S. ARMED FORCES? ID. WAS DECEASED EVER IN U. S. ARMED FORCES? ID. WAS DECEASED EVER IN U. S. ARMED FORCES? ID. WAS DECEASED IN U. S. ARMED FORCES. ID. WAS DECEASED IN U. S. ARMED FOR U. S. ADDRESS (Street, city or town) IN U. S. NEVEL HOURS IN U. S. NEVEL HOURS IN U. S. DECEMBER IN U. S. DETERMINE IN U. S				Housewife					. C.		U.S	•	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SON-IN-LaW, Chester L. FORDNEY (Same As #2) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. THE OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work		OFFIEY						1 2 4 3 3 1					
IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Unknown Lawrence Lawr			CES? 116	SOCIAL SECURITY NO	17 8		O. 101	DOON	Add				
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), storting the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN	(Yes, no, or unknown)	(If yes, give wor or dates of se	ervice)				, Che	ster :			me A	is #	2)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year Hour o. m., p. m. 19 20d. INJURY OCCURRED of work of work of work 19 of w	PART I. DE 4420.0 Conditions, if a gove rise to couse (o), stoting	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ony, which immediate (b) the under-	Co	ngestiv	He		art v	Orse	are		INTE	RVAL BE	TWEEN DEATH
20c. TIME OF INJURY Month, Day, Year Mon	lying couse lost. (c)						PERFC	RMED?					
21. I certify that I attended the deceased from 20 May 19 58, to 21 May 19 58, that I last saw the deceased alive an 20 May 19 58, and that death occurred at 5:15A.M., from the causes and on the date stated about ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE Count & M.D. U.S. Naval Hospital, Bethesda, Md. 5-22-5		AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRE	D. (Enter noture o	f injury in P	ort I or Por	t II of item 18.)				
alive an 20 May , 19 58 , and that death accurred at 5:15A.M. from the causes and on the date stated about ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Column & M.D. U.S. Naval Hospital, Bethesda, Md. 5-22-5	20c. TIME OF INJU Hour o. m. p. m.		While	Not while	20e. PL/ foo	ACE OF INJURY (Home, form, e bldg., etc.)	20f. (City	or town)	(C	ounty)		(Stote)
alive an 20 May , 19 58 , and that death accurred at 5:15A.M. from the causes and on the date stated about ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Column & M.D. U.S. Naval Hospital, Bethesda, Md. 5-22-5	21. I certify t	hat I attended the	decease	ed from 20 Mg	у	19 58	to 21	May	19 58	that I le	ast so	w the	deceases
PHYSICIAN'S Robert G. Muth, LT, MC, USN U.S. Naval Hospital, Bethesda, Md.	alive an 20				death		A	DORESS (S	n the causes of treet, city or town,	nd on th stote)	e dat	e state	ed above
	NAME (Type)						Naval	Hospi	ital, Bet	hesda	, Mc		
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. Date thereof Academy Cemetery or CREMATORY Annapolis, Maryland (Stole)	20. BURIAL, CREMATIC REMOVAL (Specify BUTIAL		F			Action to the second					đ	(Stot	e)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE			, Vi						0.	TRAR'S SIG	NATUR)	

de spinstern		Sgr cermiles	
			THE PERSON
	The part of the second		
	EW, State Vol.		
	Tall Land		U
		Character of Montes	et ann
	ev e III.		
	NEW SULTERS		the state of the last
) Y-1.14.	N . 1 12 7		41
	AND AND THE STATE OF THE STATE		
	(- v - m) - m		and the second
	A STATE OF THE PARTY OF THE PAR		A CONTRACTOR OF THE PARTY OF TH
.61, Soperation, 17.			
.Wi , and a line with the second seco			

H

VS A15 (4) ISM 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5898 CERTIFICATE OF DEATH

		4	1	87	1
Reg.	Dist.	Nd		06	u

1; PLACE OF DEATH O. COUNTY MONTGAMER V MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OF TOWN (If outside corporate limits, write CLENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and givenedrest town) Dethes da	Washington. De.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS o, IS RESIDENCE ON A FARM?
SUBURBAN	4215 YUMAST N. W YES NO NO
3. NAME OF DECEASED (Type or print) TAMEC T	CALIII DATE Month Day Yeor OF DEATH MAN 26 195
	8. DATE OF BIRSH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE (White WIDOWED DIVORCED]	9/1/1820 lost birthdoy) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) 8 418 2 d. BUILDER	IRELAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
PATRICK J GALVIN	BRIDGETT AGNES FARRON
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address Washe
Λ/O	rs. John Harper 4204 Yuma St.N.W. DC
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	bull Hudamah Calus ONSET AND DEATH
3311 X IMMEDIATE CAUSE (6) 13 mf annu Care	and tryanoceperature success
DUE TO	1. of 6: 11/2 + 100 Sulf
Conditions, if any, which gove rise to immediate (b)	- I will henrice suche
couse (o), stoting the under-	1. Mitaria Vina
lying couse lost. (c) The land	will to the trave convers often.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Kenal of Certanary Inou	Micine a (Henris) YES NO [
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P. (Enter nature of injury in Part I or Part II of item 18.)
₹ 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL.	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o. m. While Not while for	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
p. m. 19 of work at work	
21. I certify that I attended the deceased from	
alive on 5-26-58, 19 and that death	occurred at 9-40AM, from the causes and an the date stated above
	ADDRESS (Street, city or town, state) DATE SIGNE
SIGNATURE Plandalusa	MD. 4201 Fossenden St NW 5-3
PHYSICIAN'S P.P.ANDREWS.	· Washington 16 D.C
220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME, OF CEMETERY OF CHAPTERY OF THE WORLD	CREMATORY 22d LOCATION (City, 1840, or country) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. RECID BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Junes Julius Vox 1-17 K. MIW.	CULTURE SUN 2

		HEATE DEPARTMEN	ANTAAM
Of Tallian and are	OF DEATH	TOP CERTIFICATE	6
			START TO MAIN
		White pure to a plant in party	A SHE WAS THOUSAND IN
Jugara Contract			
	7 (A)		
		(December of the Common	
	2 12 A Company of the last of		
	Professional children		
		eates to the moon result of the	EN CHAPTER OF THE CONTRACT OF
	nv=1.		
			A See Land of the second of th
resident material Column			
	Control of the Contro		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		ID TO ALK:		
	* * *			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

death.

in o

ā

gned by permit.

been signed

burial-transit

should

pode

3224XV

ed

MI OF DEATH	ADDITION OF BUILDING
	divided a second second second
	Attendant in selling to see and the second thinks in the
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE TOTAL CO.
A Column and the Colu	
	ACT THE WAY THE PROPERTY OF THE PARTY OF THE
Country St. of December 2 to the All Country and the Country a	
	The first points and the first points of the f
	The series at the series of th
	The second record to the second record record to the second record recor
The first area of the first of	The state action of the control of t
The first and a recommendation of the second	Compared to the control of the contr

	F		Š.,
	FO	R	51
H	EA	LT	H
4)	U	-	1
OS	S S	설	1
d	1		/
Dry.	0 2	Ž.	1
9880	5 0	Q.	
op.	i d	00	
S	0 0	8	
2	oin o	ofe	of th
del	eto	S	de
7	100	the	ter
0	2 %	<u>=</u>	0
-	2 8	*	5
to the	5	12	2
de	7,00	9 6	72
0,	. a.	_	5
of !	S 0	es	=
5	0 2	000	E
0	E	0	A
24	2 2	i.	4
· c	ii.		0
Sit.	0 3	E	3.
70	E C	De	Pur
Ute	- 0	- m - m - m	7.
Sec.	E e	On	DAG
6	i di	+	Ě
A.	8.5	54.0	1
plu	E 0	ā	0
5:	B	0	HO
9	E OX	0	at
0	-	Se	em
THE P	Ji. P	9	5
9	S S	5	O.
Sig	0 ×	SC.	Jac
F- 1	P. F	sho	0
JER.	E O	က	4
₹ :	4	ge	rio.
DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please		9	EJ.
EX.	e ()	OR	en
AL	D PL	210	90
0	M A	REC	ed
ED	e e	Ö	100
2	o o	AL	ig
5	0	ER	des
4	200	Z	178
0	N TO	1	-

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Item 7,	Film G229	DIC	/20/5	XAMII	NEK'S	CERTI	FICA	IE OF	DEATH	Reg.	Dist.	587	73
	PLACE OF DEATH	5	90	1	444		2. USUAL RE	SIDENCE (V	Vhere decea	sed lived. If ins	titution: Resi	dence be	fore odn	ission)
		gomery			MA	RYLAND	o. STATE	Asr vln	nd	b. COU	Mon Mon	tgom	erv	
ŀ		pulside corporate limits, write	RURAL	c. LEI	NGTH OF STA	Y IN 1b				porate limits, we				own)
	Bethesda				. D.O.	A	26 Roc	kvill	e					
	. NAME OF HOSPITA	L OR INSTITUTION (f not in	hospitol, g	ive street add	ress)	d. STREET	ADDRESS						ESIDENCE A FARM?
	Suburban	Hospital					1320	7 Mid	lway A	venue				NO TY
	NAME OF DECEASED	Fir	t†		Middle		Los		4. DATE		nth	Day	1	Yeor
	(Type or print)	Paul		Ed	ward		Gibson	1	OF DEATH	May		30.		1958
5. 9	EX	6. COLOR OR RACE	7. MA	RRIED []	NEVER MARR	IED 3	DATE OF BIRTH	Н		9. AGE (In years lost birthday)		R TYEAR	IF UND	ER 24 HRS.
	Male	White	WIDO	WED 🗌	DIVORCE	DI	Feb. 14	. 192	3	35 y	Months .	Days	Hours	Min.
10a	. USUAL OCCUPATIO	N (Give kind of work	done 10	b. KIND O	F BUSINESS O	R INDUST			or foreign c	country)	12. CI	TIZEN O	F WHAT	COUNTRY?
1	Foreman	, me, oven is remout		Const	ruction	n	Fair	mont.	W. Va	1.	Δ	neri.	nan	
13.	FATHER'S NAME						14. MOTHER'S	MAIDEN	NAME			dala da con		
	Shirl (Gibson, Sr.					Pansy	Mae	Bartho	olow				
		R IN U. S. ARMED FO		16. SOCIAL	SECURITY NO	O. 17. M	FORMANT			Addr	185			
	Yes	WW2		232-	22-8005	5	Hospit	al Re	cord					
	18. CAUSE OF DEAT	H [Enter only one cou	se per l	ine for (a),	(b), and (c).]							INTER	VAL BETW	EEN
		H WAS CAUSED BY:		Te	traeth	vl Pv	rophosp	hate	Poisor	ninα		ONST	1 .	
	971.8	DUE TO			•			320000	10101	3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		-	. ho	ur
	Conditions, if an													
	gave rise to immed	iole cause												
	(a), stating the u	(c)												
CATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBL	JTING TO DEA	ATH BUT N	OT RELATED TO	THE TERMI	INAL DISEAS	E CONDITION (GIVEN IN PA			AUTOPSY ORMED? NO
CERTIFICATION	20g. EXTERNAL CAUPRIMARY OF CONCAUSE OF DEATH.	SE WAS 20	b. DESC	RIBE HOW	INJURY OCC	URRED. (E	nter nature of in	njury in Por	t I or Port II	of item 18.)				
MEDICAL	20c. TIME OF INJUR	Y Morth Day Yes	8 20	d. INJURY	OCCURRED	20e. PLAC	CE OF INJURY	Home, form	20f. (City	or fown)	(C	ounly)		(State)
WED	Hour a.m. 7 p. m.	:25 a.m. 19			Not while of work		ory, street, office Home	e blog., etc.		kville.	Manuel	and		
	21. I certify the	at I took charge	of th	e remain	ns describ	-		Autops	Printer, and the same of the s	nspection K			an	d in my
		resulted from: 1			-	_				. Unde	al.	, 1000		ic in my
	ACTUAL SIGNATURE	Tank &	Bro	neto	art		M.D. CHIEF A	MEDICAL EX	AMINER [DATE :	SIGNED
-7	EXAMINER'S						ASSISTA	NT MEDICA	AL EXAMINE	R 🔲				
	NAME (Type)	rank J. Br		nart			DEPUTY	MEDICAL	EXAMINER-	5/10	/58			
220	BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREC	F	22c. N	AME OF CEME	ETERY OR	CREMATORY		22d. LOCA	TION (City, low	, or county)		(Stat	e)
	BURIAL	5/13/58			INGTON	NATI	ONAL CE	METER'	Y ARI	INGTON.	VA.			= 4
23,	FUNERAL DIRECTOR'S	2 / //	.,,		DDRESS			240. REC'	D BY REGIST		GISTRAR'S SI	GNATU	JE.	
-	ourner &	to. humphr	4)	SILVE	RSPRIN	VG, M	D.	DATE N	AY 1 3	'58	Wheo	weh		

				CHAVYEAR	
				A DIMENTAL PARTY	
					T.
	Control Control				
		1.000			
			Section of the section of the		
	* * *				
				+	
				The state of the s	
			phone comp		
	The state of the				
NEW AND STREET	Lagran works				
	DESCRIPTION OF PORTAL			STOROGE LA SEL TO	
		TROUGHT.			
A CONTRACT PRINCIPLE AND A					
			(

M

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

5	902	CERTIFICATE	OF	DEATH

Reg.	Dist.	N4	5	87	1

	· DIACE OF DEATH	
	1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Mary and b. COUNTY Hong onery
1	b. CITY OR TOWN (If outside corporate limits, frite c. LENGTH OF STAY IN 16 2 UK's.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
)	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Lane	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) James Weyman	GORE 4. DATE Month Day Yeor OF DEATH May 3 1958
	Male Wh. WIDOWED DIVORCED	March 26, 1867 9. AGE (In years of FUNDER 1 YEAR OF UNDER 24 HRS.) Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper Merchand is in	TRY 11. BIRTHPIACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S.
	Dewitt Gore	14. MOTHER'S MAIDEN NAME Unkasula.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. of uplanown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. IN	Paul J. Gore, Ednor, Ml.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Uremia Interval Between ONSET AND DEATH & STICS,
	Conditions, if any, which gove rise to immediate couse (o), stating the under-	tic Hypertrophy years
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\)
1000		D. (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. jr. p. m. 19 While Not while of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
	21. I certify that I attended the deceased from Man-classics and that death actual D. I. & D. C. & D. C. & D. C. & D. C. & D. & D	accurred a 235 P.M. from the causes and an the date stated abave. ADDRESS (Street, city or town, stote) DATE SIGNED
L	PHYSICIAN'S Richard A. Yates	M.D
	229-BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CEMETERY OF COMMENT OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) (Stole) Cometery Deutanaville Md
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AUGUST Danildon Laurel	M 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AY 7 '58

	HIARD ROST	ADRITIES	
		I miletricia	
	B		
			and had a
	THE DECK	nam Sto	August Cames
	Plane Sugar 1867	Oppose Service	S ICH SHIN
10	- market V	an Endougle Subject	Talas is all
	Attacheti		Dewitt Keep
Elien ML	Fel ficone,		Agent of many and and the
THE SAFELS AND THE SAFE	Alway I		Adjusted to the state of the st
JAMP4	tic Apportugity		
		money main year. I sty	
		in the second	
resson are a silver i trusto (128) and bandy gide alter the care of the control of		offer to stall the control of	The castle and carried the c
	1 201 20 0	regit in passive at	Land Charles
		2611 (D 171111 Kg	

23. FUNERAL DIRECTOR'S SIGNATURE
The S. H. Hines Co.

1	M	ARYLAND STATE DEPART			
		5993 CERTIFIC	CATE OF DEATH	Reg. Dist. No.	15875
	o. COUNTY Montgomer	y MARYLANI	II O STATE BY	ed lived. If institution, Residence before b. COUNTY MONES	omery
1	b. CITY OR TOWN (If outside corpo RURAL and give nearest town)	rote limits, write c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corp	orote limits, write RURAL and give nec	arest town)
100	d. NAME OF HOSPITAL (If not in he	ospital, give street address)	/ d. STREET ADDRESS Route #1 Broo	okville Road	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Ha	First Middle Zel Angelo	Grahem 4. DATE OF DEATH	May 24	Yeor 19 58
	female whit		8. DATE OF BIRTH 1/5/93	9. AGE (In yeors lost birthday) Months Days	Hours Min.
	o. USUAL OCCUPATION (Give kind during most of working life, even in Housewife	of work done 10b. KIND OF BUSINESS OR IN if retired)	Nebraska	country) 12. CITIZEN C	OF WHAT COUNTRY
	. FATHER'S NAME James Martin A	ngelo	14. MOTHER'S MAIDEN NAME Eva Wright		
	. WAS DECEASED EVER IN U. S. ARA es, no, or unknown) (It yes, give war or	dates of service)	. INFORMANT Edmund H. Graham	7310 Finey Bra Takoma Park.	anch Rd.
	PART 1. DEATH WAS CAUSE IMMEDIATE OF COnditions, if any, which gove rise to immediate cotise (a), stating the underlying cause lost.	DUE TO (b) Huperten (c) DISERS	sive Cardio	- Vascular	ERVAL BETWEEN SET AND DEATH HE HOL
0		NT CONDITIONS <u>CONTRIBUTING TO DEATH</u> E	UT NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED? YES NO
		G COLOR COLO	RED. (Enter noture of injury in Port I or Pa	rt II of item 18.)	
	20c. TIME OF INJURY Month, D Hour o. m. p. m.	20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, farm, 20f. (Cit foctory, street, office bldg., etc.)	y or town) (County)	(Stote)
/	21. I certify that I attend olive on Alacy ACTUAL SIGNATURE COLLARS PHYSICIAN'S NAME (Type)	2 -11	No Duthe	m the couses and on the do Street, city or town, stote)	
	6. BURIAL, CREMATION, 22b. DATE SEMOVAL (Specify) 5/2		or CREMATORY 22d. LOCA	ATION (City, town, or county)	(Stote)

2901 Applish St. N.W. Washington 9. D.C.

24b. REGISTRAR'S SIGNATURE

24a. REC'D 8Y REGISTRAR

DATE AY 2 8 '58

		grig CERTIFICA	
		ellistrenis.	
		. 4	
		ofsta	
		Department Company	
			there exists an administration
	neth Te wash		negotian and a
		100 100 100 100	
		INCOME NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	A STATE OF THE REAL PROPERTY.
		NAME OF STREET	evaluation (up gloss ATE)
		CALMIGA	No solo Brown
The state of the s			
		2901 "III ba son selle	.co senia .H. a oni

MARYLAND STATE DESARTMENT OF HEALTH-UALTIMORE, TO

1	1	根
960	d with	Ri

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05876

59~4	CERTIFICA	TIE OI DEATH	Re	g. Dist. No.
DE COUNTY MANAGEMENT 4	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryl	deceased lived. If institution, R b. COUNTY Bnd	esidence before admission) Montromery
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give neares lown)	LENGTH OF STAY IN 16		de corporate limits, write RURAL	and give nearest lawn)
Bethesda	54rs.	X Bethesda, I	MAR	e. IS RESIDENCE
d. NAME OF HOSPITAL (If not is hospitol. give street addr OR INSTITUTION 9200 DIA Alta Vista Rest Home	orgetown R	H /	ale Street	ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Hosea.	GROSH 4.	DATE Month OF DEATH Month	Day Yeor 4 2. 1958
SEX 6. COLOR OR RACE 7. MARRIED WIDOWED		8. DATE OF BIRTH		NDER I YEAR IF UNDER 24 HRS. nths Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work dane 10b. KIN during most of working life, even if retired)	D OF BUSINESS OR INDUS		oreign country)	2. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		Maryland	F	MINUTICAL
Warren R. Grosh				
	CIAL SECURITY NO. 17. II	Harriet	Address	Paklanda Ma
Yes, no. or unknown) (If yes, give war or dates of service)		rs. Virginia	1.000	Bethesda, Md 510 Avondale
IB. CAUSE OF DEATH [Enter only one couse per line for		100 vin ginia	1 01 03H1 4	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:		Rotic CARdio	VARENJAR DE	S ONSET AND DEATH
422.1 DUE TO	1010000	Keyre - Inkare	VIJSE OVEITILE VI	4 12703
Conditions, if any, which) (b)				
gove rise to immediate Couse (o), stating the under-				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN I	N PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. ACCIDENT WAS UNDERLYING 20b. DESCRIB OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED	D. (Enter noture of injury in Port	f or Port II of item 18.)	
Hour o. m. While	RY OCCURRED 20e. PL	ACE OF INJURY (Home, form, ctary, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that I attended the deceased	from 7-65 5	, 1953, to MA	14 2 , 1958,th	at I last saw the deceased
alive an 17 19 52	and that death			an the date stated above
ACTUAL NWHS DOG	le f		DRESS (Street, city or town, state	DATE SIGNED
SIGNATURE WOW 2- DE	rawly	M.D. 8025 ABEN	DEEN KA-	3/2/58
PHYSICIAN'S DEWITT E. DE	eLAwter	Beth	hesda 14, M	1
226. BURIAL CREMATION 226. DATE THEREOF 22 BUTTAL	c. NAME OF CEMETERY OF The Lincol		LOCATION (City, town, or co Prince Georg	es Co. Md.
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY	REGISTRAR 26 REGISTRA	R'S SIGNATORE
The S. H. Hines Co. Wa	snington,	D. C. DATE	The same	rauch

	HI OF DEATH		•1	
	anned ba		abba	
z fim ternis e.c.	mova quali			
a dimensional to the second	in a female			
				Santa Alberta
dendona di apra des			THE PARTY OF THE P	BATTER TO
	etabenty .s			
				County Modes Modes
		e mantano era i Silica		
		F 18,552 F 9 7 1 7 F		
		MCCOREL 157	カラ 本語	1237
	Shirt .	in the base of the last	natagram.	

MARYLAND STATE DEPARTMENT OF REALTH.

M

90

S.H. Hines Co.

23. FUNERAL DIRECTOR'S SIGNATURE

		MARYL	AND	STATE DEPA	RTM	ENT OF HEALTH	-BAL	IMORE, 1	8		
		5	975	CERT	FICA	ATE OF DEATH			Reg. Dis	1. No. 05	877
	PLACE OF DEATH	GOMERY		MAR	LAND	2. USUAL RESIDENCE (Whe	re deceased	l lived. If institutio b. COUNTY	n: Residenc	e before odi	nission)
	b. CITY OR TOWN (If, outside corporate limits, write LENGTH OF STAY IN EVERY PROPERTY OF STAY IN				IN 16	c. CITY OR TOWN (IF ou			IRAL ond g	ive neorest to	own) 🗸
	d. NAME OF HOSPITA OR INSTITUTION			SANITAR	IUM	d. STREET ADDRESS 5601 13th	n St.	N.W. A	pt.		RESIDENCE N A FARM? NO
	NAME OF DECEASED (Type or print)		OHN	Middle		Lost HAAS	4. DATE OF DEATH	Mont MA		Day 8	Yeor 1958
5. 9	MALE	6. COLOR OR RACE WHITE	WIDOW	DIVORCE	0	8. DATE OF BIRTH 12/30/18713		lost birthdoy)	Months	Doys Hou	
R	etired cl	N (Give kind of work on life, even if retired)	GOT	kind of Business of	OR INDU	PENN.		ountry)		S.A.	IAT COUNTRY?
13.	FATHER'S NAME LUT	HERN HAA	S			14. MOTHER'S MAIDEN NA		SAN EVE	RT		
15. Ye:	WAS DECEASED EVER	IN U. S. ARMED FORE yes, give wor or dates of se		SOCIAL SECURITY NO		nformant ancy H. Pars	son s	308 Ker	ry R	d. Chas	nevy
MEDICAL CERTIFICATION	PART I. DEATI	mediate DUE TO (c) R SIGNIFICANT CONI UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)	DITIONS C	ONTRIBUTING TO DE	ATH BUT LECCURRE 20e. PL	NOT RELATED TO THE TERMIN ALL GLISSE D. (Enter noture of injury in Po ACE OF INJURY (Home, form, clory, street, office bidg., etc.)	ort I or Port	10 4/5 Il of item 18.)	1+	5 4/ 1(o) 19. W	AS AUTOPSY PRORMED? (Stote)
	21. I certify that alive on	147 AM	., 19 <u>.4</u>	28, and that	0	м.D. /150 Се	DDRESS (Sh	the causes areet, city or town, s	nd on th		ne deceased ated abave, DATE SIGNED
	BURIAL, CREMATION REMOVAL (Specify) Pemation	5/9/58	F \	Pt. Li		R CREMATORY In Crematory		ince Ge			tote)

2901 Press St. N.W. Washington 9, D.C.

244 REGISTRAR'S SIGNATURE Wheaven

240. REC'D BY REGISTRAR MAY 9 '58

DATE

VS A15 (4) 15M 9/55

HIT			2 2 6		
			Table 1	X YEST OF	THEN STONE
	18/30/381				F. P. J. Mile
INTERVE MASSIA					
The test of the second	Hallies			Marian Pri	
The Carlo of the C		White Inter both		enti bassi otto i	T. I confire from
The state of the s					
		12 (Um) = 2 (0) 1 (0) (1) 2	H		
ALIMANTE TANION OF THE PARTY OF THE			1 100		

N

1	59^6	CERTIFICA	ATE OF DEAT	ГН	, ,	Reg. Dist. No.	0.5	\$78
	1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Vary)		ed. If institution: b. COUNTY	Residence befo	re admissi	-
I	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		limits, write RUR	At ond give nec		
1	RURAL ond give neorest town) Bethesda (Rural)	6Hr.39 min.	Holly			18 V	- 2	
ŀ	d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS	,		101	e. IS RESI	DENCE
	U.S. Naval Hospital, Bethe	sda, Md.					ON A	PARM?
	3. NAME OF First DECEASED (Type or print) Robert	Duane Duane	HADLEY	4. DATE OF DEATH	Month May	Do 27	,	958
ľ	5. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. 4	GE (In years IF	UNDER I YEAR		
ı	Male White WIDOWS	ED DIVORCED	26 May 1958	3 '	ost birthdoy) N	Aonths Days	Hours 10	Min.
Ì	10o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU			γl	12. CITIZEN C		COUNTRY
ı	None	None	Maryla	and		U.	S.	
ľ	3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
ł	Floyd Duane HADLEY		Catherine	Regina D	E ANE			
ŀ	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	MCBING D	Address			
ı	NO If yes, give war ar dates of service) NO	Tone Of	ficial Navy	Records				
E	18. CAUSE OF DEATH [Enter only one couse per lin			etio	Logge	Livite		
ı		nolytic disease	of the newl			10110	ET AND	
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CC	ONDITION GIVEN	I IN PART 1(o) 1	9. WAS A	UTOPSY
		CRIBE HOW INJURY OCCURRE	O. (Enter nature of injury i	n Port I or Part II a	f item 1B.)		YES	
	206. ACCIDENT WAS UNDERLYING (1) CONTRIBUTING (1) CAUSE OF DEATH (1) EITHER, NOTIFY MEDICAL EXAMINER)							
	Hour a.m. While	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fo tory, street, office bldg., e	erm, 20f. (City or I	own)	(County)		(State)
ı	21. I certify that I attended the decease	ed from 26 May	1958 to	27 May	19 58	hot I last so	w the	deceases
	olive on 27 May , 19 ACTUAL SIGNATURE REMOVE MULLE		occurred ot 4:09		e couses onc	d on the dai	te state DA	d abave
	PHYSICIAN'S Russell MILLER	GR.,LI,MC,USM	U.S. Nav	al Hospit	al, Beth	nesda, 1	Md.	
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	(City, town, or o	county)	(Stote)
-	Burial 5-31-58	St. John's Ce	metery	Hollyw	ood	Marv	lamd	
1	Mattingly Funeral/Home, L	ADDRESS eonardtown. Md		C'D BY REGISTRAR	24b REGISTR	AR'S SIGNATUR	Diff. o. 1 Bresh on	
	206/17/VI/2			UUIT IN	37.7.			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	The second was	HYARO DO ST	Cestings 8	
				West Lond
			0 (
				ATTIVE SHOWS SELECT
respondente de la composition della composition		S. or S. O. W. T. o. C. S. O.		all all Advances (all symmetrics) 1
r salas de la segretar de la verte esta d'una, telle de esta esta de la companya de la companya de la companya				
	ff			

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5833

CERTIFICATE OF DEATH

Reg. Dist. No. U5879

	COUNTY A	ntenne	24-	MARYLAND	2. USUAL RESIDENCE (W. a. STATE Marc.	There deceased live	ed. If institution b. COUNTY	n: Residence	. /	ission)
b.	CITY OR TOWN (If aut RURAL and give neares	side carparate limits.	write c. LENGTH	OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate	limits, write RI	JRAL ond giv	to the to	6 11
	TAKOMA	PARK	6	DAYS	Be Its	ville.	16	X-2		
d.	NAME OF HOSPITAL (If nat in haspital, give	e street address)	,	d. STREET ADDRESS)	1	11		ESIDENCE A FARM?
V	VASHINGT	ON SAL	V + HOS	PITAL	14601 10	wder 1	11/ 4	d,		□ NO □
DI	AME OF ECEASED ype ar print)	DWICK First	MYRTL	EMiddle VI	OLA Lost	4. DATE OF DEATH	Man	h	Day 25	Year 19.58
5. SE	X 6.	COLOR OR RACE 7	MARRIED NEV	ER MARRIED	B. DATE OF BIRTH	9. /	GE (In years ast birthday)	IF UNDER 1		DER 24 HRS.
1	Fe	WV	VIDOWED 🔀	DIVORCED [7/28/9	97	ost pirthody)	Manths D	ays Haur	s Min.
10a.	USUAL OCCUPATION (Give kind af work da	ne 10b. KIND OF BU	JSINESS OR INDU	STRY 11. BIRTHPLACE (Stat	e ar foreign count	7)	12. CITIZ	EN OF WHA	AT COUNTRY?
	111-16 111	Naval Gu	0		Tenne	essee	3	4	15.	A.
13. F	ATHER'S NAME	Factoria			14. MOTHER'S MAIDEN		7			
V	Villiam 7	T. Rola	ers		Sudi	e bo	WER	5		
	VAS DECEASED EVER IN	U. S. ARMED FORCE		URITY NO. 17.	INFORMANT	60	Addr		0	
	170			7	homas Koyer.	5 (13ro)	they)	4601	Powda	+ MillKe
1	B. CAUSE OF DEATH PART I. DEATH	[Enter anly ane cause WAS.CAUSED BY: MEDIATE CAUSE (a)_	e per line for (a). (b	(c).]	ralnes, my	entin			INTERVAL ONSET AN	
	200, 1 Canditians, if any,	DUE TO	Lunt	rale	ne of state	l/rens	vel)		8	12ms
	gave rise la imme couse (a), stating the lying cause last.	diate (gene	ul als	1. milesta	-				
CATION	PART II. OTHER S	IGNIFICANT CONDI	TIONS CONTRIBUTION	NG TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CO	NDITION GIV	EN IN PART 1	PERI	S AUTOPSY FORMED?
CERTIFIC	200. ACCIDENT WAS UI OR CONTRIBUTING (I) (IF EITHER, NOTIFY MEE	NDERLYING 20 CAUSE OF DEATH DICAL EXAMINER)	0b. DESCRIBE HOW	INJURY OCCURR	ED. (Enter nature af injury in	Part I ar Port II o	if item 18.)			
MEDICAL	Paur a. m. p. m.	Manth, Day, Year	20d. INJURY OCCU	hile fo	LACE OF INJURY (Home, for actory, street, affice bldg., e	m, 20f. (City or 1	lown)	(Co	unty)	(State)
	21. I certify that	attended the d	leceased from	Cisi 2'	f 1058 to	man	1950	that I la	et com th	e deceased
	alive on	dirended ine d			h occurred at	M from th				
		0 11 51	00'	, mar acan	occorred di	ADDRESS (Street,			dule sid	DATE SIGNED
S	ACTUAL SIGNATURE	2 101 10	other		M.D				5,	25/58
	PHYSICIAN'S NAME (Type)									
	BURIAL, CREMATION, REMOVAL (Specify)	226. DATE THEREOF 5-28-19	58 AR	OF CEMETERY OF	OR CREMATORY MATIONAL	22d. LOCATION	(City., tawn, o	7 to 11	(51	ate)
23. FI	UNERAL DIRECTOR'S SIG	SNATURE M. P. Q.	wite ADDRI		240. REC	D BY REGISTRAR	24b. REOTS	TRAR'S SIGN	ATURE	
-11	11M /2000)	Are 47/19	Maratina	119 611	al FILE DATE	11/0 7 100	1 (200	/	/	

THE PROPERTY OF THE PROPERTY O		Characa-April	SSH SQ.7978	MONAPHO STAT		
	The When one					
		451.75			 •	
		CONT.		ALSO VIETO VIETO		
	THE PARTY OF THE P					
		100				
					er Miles A	

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

ACE OF DEATH		977	CENTI	FICAI	E OF DEATH			Reg. Dist.	NJ JE	域がい
	Montgomer	У	MARY	LAND 2.	USUAL RESIDENCE (WHO IS STATE		fived. If institution b. COUNTY	on: Residence	befare ad	missian)
RURAL and give r	(If autside carporate limi nearest town) (Rural)	ts, write	57. Days	13	c. CITY OR TOWN (IF o		ate limits, write RL	JRAL and give	e nearest (lawn)
NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	, Beth	ddress) nesda, Md.		d. STREET ADDRESS					RESIDENCE N A FARM?
AME OF ECEASED ype ar print)		37.	Middle (n)		Lost HARL	4. DATE OF DEATH	100		Day 24	Year 19 58
x Female							9. AGE (In years last birthday) 46 yrs.			
Housewi	rking life, even it refired	dane 10b. K	None		Maryla	and	untry)			HAT COUNTE
Martin 1										
NO NO		ervice)				1575 5			rfol	k, Va.
PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO DOINY, which immediate the under-	meta	cinoma of	•	stage IV w	vith di	stant		ONSET A	ND DEATH
								EN IN PART 1(PE	AS AUTOPSY REORMED?
OR CONTRIBUTING	G CAUSE OF DEATH I	206. DESCI	RIBE HOW INJURY O	CCURRED. (E	inter nature af injury in f	Port I ar Part	II of item 18.)			
Oc. TIME OF INJU Haur a. m. p. m.	RY Manth, Day, Yea	While	Nat while	20e. PLACE factory	OF INJURY (Hame, farm, street, affice bldg., etc.	20f. (City	or tawn)	(Cou	nty)	(State)
actual alignature	hat I attended the HMAY	ho	ond that	death oc	curred at 12:00	AM, from ADDRESS (Sin	the causes and eet, city or town, spital, B	nd on the litate) Sethesd	date st	DATE SIGN
NAME (Type)									7	
	AME OF HOSPI OR INSTITUTION S. NAVE AME OF HOSPI OR INSTITUTION S. NAVE AME OF ECEASED OR INSTITUTION S. NAVE AME OF ECEASED OR INSTITUTION S. NAVE FEMA Le USUAL OCCUPATI Uduring most of wo HOUSEWIT ATHER'S NAME MART IN IND B. CAUSE OF DE PART I. DE. 17/ X Conditions, if of gove rise to couse (o), stating lying couse lost. PART II. OT OC. ACCIDENT W. DR CONTRIBUTION IF EITHER, NOTIFY OC. TIME OF INJU Hour o. m. p. m. 21. I certify to colored Co	OR INSTITUTION So Naval Hospital AME OF CECASED Sype or print) X 6. COLOR OR RACE Caucasian USUAL OCCUPATION (Give kind of work adving most of working life, even if retired Housewife ATHER'S NAME Martin MCVOY VAS DECEASED EVER IN U. S. ARMED FOR 10. or unknown) NO PART I. DEATH (Enter only one co PART I. DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE (a DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under: lying cause last. PART II. OTHER SIGNIFICANT CON OR. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) OC. TIME OF INJURY Month, Day, Yee Hour a. m. p. m. 19 21. I certify that I attended the alive on 24 May	AME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION S. Naval Hospital, Beth AME OF CEASED AME OF CAUCAGING (Give kind of wark dane) BY CAUCAGING (Give kind of wark dane) AND HOUSEWIFE ATHER'S NAME MARTIN MCVOY TAS DECEASED EVER IN U. S. ARMED FORCES? AND (If yes, give war or dates of service) B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) CONDITIONS, if any, which gave rise to immediate cause (a), stating the under- lying cause last. CO. ACCIDENT WAS UNDERLYING DETO DR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) OC. TIME OF INJURY Month, Day, Year Hour a.m. p. m. 19 CO. INE OF INJURY Month, Day, Year While of work CO. I Certify that I attended the deceased Colive on 24 May 19 CO. 10 CEASED CO. 11 CERTIFY that I attended the deceased CO. 10 CEASED CO. 10	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION S. Naval Hospital, Bethesda, Md. AME OF ECEASED OPE OF First Middle (n) XX 6. COLOR OR RACE Female Caucasian WIDOWED DIVORCE USUAL OCCUPATION (Give kind of work dane) during most of working life, even if retired) HOUSEWIFE ATHER'S NAME Martin McVoy (If yes, give wor or dates of service) No B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSE (a) IMMEDIATE CAUSE (a) Government of the working the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE. OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) OC. TIME OF INJURY Month, Day, Year Haur a. m. p. m. 19 Other Conditions 19 Other Conditions 19 Other Conditions 19 Other Contributing Cause 19 Other Cause 19 Other Contributing Cause 19 Other Contributing Cause 19 Other Contributing Cause 19 Other Contributing Cause 19 Other Cause 19 Oth	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION S. Naval Hospital, Bethesda, Md. AME OF CEASED AME	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION S. NAVAL HOSPITAL, Bethesda, Md. AME OF MOSPITAL (If not in hospital, give street address) OR INSTITUTION AND OF MAYAL HOSPITAL, Bethesda, Md. AME OF MOSPITAL (If not in hospital, give street address) OR INSTITUTION AND OF MAYAL HOSPITAL, Bethesda, Md. AME OF MOSPITAL (If not in hospital, give street address) OR INSTITUTION AND HARL X AME OF MOSPITAL (If not in hospital, give street address) OR INSTITUTION AND HARL X AME OF MOSPITAL (If not in hospital, give street address) OR OLON OR RACE First Ada (n) HARL 8. DATE OF BIRTH 17 April 19 18 DATE OF BIRTH 17 April 19 18 DATE OF BIRTH 19 DIVORCED 10 NOVERED 10 NOVERED 11 BIRTHPLACE (Stote Mary MAYALE) 11 BIRTHPLACE (Stote Mary MAYALE) 12 INFORMANT 13 DATE OF BIRTH 14 MOTHER'S MAIDEN MAYALE 14 MOTHER'S MAIDEN MAYALE 15 MARCHANA 16 SOCIAL SECURITY NO. 17 INFORMANT CAPOLYN HAYI 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: OUE TO METASTASS Canditions, if any, which gave rise to immediate couse (c), stoting the under: OUE TO METASTASS Countributing OF CAUSE OF DEATH 18 IT CAUSE OF DEATH 19 DE TO While OF INJURY MONTH, Day, Year 19 OR CONTRIBUTING OF CAUSE OF DEATH 19 OR CONTRIBUTION OF COURRED 10 OR CONTRIBUTION OF COURRED 10 OR CONTRIBUTION OF COURRED 10 OR CONTRIBUTION OF COURRED 11 OR CONTRIBUTION OF COURRED 12 OR PLACE OF INJURY (Home, form foctory, street, of	NAME OF HOSPITAL (If not in hospital, give street oddress) NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION S. Naval Hospital, Bethesda, Md. AGA Middle (n) HARL OFF OFF OFF OFF OFF OFF OFF OFF OFF O	Sthesda (Rural) NAME OF HOSPITAL (If not in hospital, give street oddress) NAME OF HOSPITAL (If not in hospital, give street oddress) S. Naval Hospital, Bethesda, Md. Ada (n) HARL (1011 ARL) Ada (n) HARL (1011 ARL) STEET ADDRESS Mindile Lost (1011 ARL) Ada (n) HARL (1011 ARL) Female (1012 ARRIED NEVER MARRIED NEVER NEVER NEVER MARRIED NEVER NEV	NAME OF CRASED NOTE: The state of the state	NAME OF ADATE (In or in hospital, give street address) S. Naval Hospital, Bethesda, Md. May Ada Middle (n) HARL ADATE OPATH May 24 X 6. COLOR OR RACE 7. MARRIED NOVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED NONe May 11. BRITHPLACE (Sole or foreign country) May Los 12. Gillizen Of William Waryland May May May 12. Gillizen Of William Waryland May May May May May May May Ma

moy be retained by the TO FUNERAL DIRECTOR: VS A15 (4) 1SM 10/57

ALTERNACIONES .		ADMINIO		
	Liping Lie		of temporal	
	and the second s	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	(313)	
			et consume a sold of	
		(8)		
	The secretary vi	District De	OL 3 Microsoft	
4 = A L	history of	0.00	a Liverian	
	aclus corocati		10.00 1.01	
. 17 per form to the man	real city land lear			
		. AZ aut. 1		
	e di Laca di Kamangan Kanangan Kanangan Kanangan	Treatment of the Later		
	6.26 - Comp. 10 N		M. SERVERS, M. SERVERS, M.	
	CV SERVICE AND THE SERVICE OF SER		81 82 7 7476	
	Manager Street Section Section	M. 23. 37 6 7455	THE PERSON NAMED IN CO.	

VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
----------	------------------	----------------------	----

5998 CERTIFICATE OF DEATH

Reg. Dist. No. 05881

1. PLACE OF DEATH o. GOUNTY Montgor	mery		MARYLAND	2. USUAL RESIDENCE o. STATE	CE (Where deceased	lived. If institution b. COUNTY	on: Residenc	e before admi	ssion)
b. CITY OR TOWN (RURAL ond give n Aensing	(If outside corporate limit learest town) STON	s, write	c. LENGTH OF STAY IN 16		N (If outside corpording ton)		URAL ond g	ive nearest too 1×-3	vn)
OR INSTITUTION	TAL (If not in hospital, gi ton Garder		ddress) arsing Home	d. STREET ADDRE	irginia	ve. N	.W.	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin Ste		Middle D. Hassler	Lost	4. DATE OF DEATH	Mon May	16,	1958	Year 19
5. SEX Temale	white	WIDOWED	-	2/4/81		lost birthdoy) 77 yrs.		Doys Hours	
Housewif	rking life, even if refired)	lone 10b. K	CIND OF BUSINESS OR IND	-	(State or foreign co- ylvania	untry)	12. CITI	ZEN OF WHA	T COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAI					
	H. Dennis				Bowers				•
	ER IN U. S. ARMED FOR((If yes, give war or dates of se		OCIAL SECURITY NO. 17.	Ethel H.	Moler	ane as	#2		
Canditions, if a gove rise to i couse (o), storing lying couse lost.	the <u>under-</u> DUE TO		A, S, C,		TERMINAL DISEASE	CONDITION GIV	EN IN PART	PERF	AUTOPSY ORMED?
OR CONTRIBUTING	MEDICAL EXAMINER)		RIBE HOW INJURY OCCURI					YES] NO []
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yea 19	r 20d. IN. While at work	_ Not while_	PLACE OF INJURY (Home foctory, street, office bldg	g., etc.)	ar town)	(C	ounty)	(Stole)
21. I certify all alive on ACTUAL SIGNATURE PHYSICIAN'S	hay 15 halls	decease _, 19	5 1-	5, 19, 7, to		the causes a pet, city or town.	nd on th	_	
NAME (Type)	Leas present			1	10 -00-0	ull	1	ra.	
220. SURIAL, CREMATIC REMOVAL (Specify) buril al	15/19/5	8	- 14	or crematory n Cemeted	y Prin		ge,	Md.	ote)
23 JUNERAL LOKEOLOK	S SIGNATURE HENLA	. Z	90/14 J.L	W. DEBAT	LE BLOOD BY RECIPTED	AR AB REGIS	FRAR'S SIG	NATURE	

INFAROTO BEADSONED LINES CALCOTTANT! WE THEN BE STORE The state of the s MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Yeor

19 58

NO

(Stote)

DATE SIGNED

(Sto

deoth: Poge ofter within certificote deoth low requires that

	ATE OF D	'.	no a g o	
			Fry 500 900	
				parantel.
		4 445		
SE MANUEL STATE OF THE SECOND STATE OF THE SECOND S	Tela.		Till Cally	
	I deal	X		
ensirani) e i				
Server a supply to its		10040-14-14		

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5910 CERTIFICATE OF DEATH

Reg. Dist. No. 05883

-						Keg. Dis	r. No.
No.	1. PLACE OF DEATH 0. COUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE (Who a. STATE New York		If institution: Residence COUNTY	e before admission)
	b. CITY OR TOWN (If outside a RURAL and give nearest fow Bethesda	n)	c. LENGTH OF STAY IN 16	Einghamto		ts, write RURAL and g	ive nearest town)
)	d. NAME OF HOSPITAL (If not or Institution The Clinical	in hospital, give street Center, Be	oddress) thesda 14, Md.	d. STREET ADDRESS 11 Minden	Avenue		e. IS RESIDENCE ON A FARM? YES NO M
	3. NAME OF DECEASED (Type or print)	First Anna	Middle May	Lost Hecox	4. DATE OF DEATH	Month May	Doy Year 10, 19 58
1	5. SEX 6. COLO		RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH February 4,	1910 7. AGE	1 44 4 4	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	10a. USUAL OCCUPATION (Give during most of working life, e	kind of work done 10b. even if retired)	None	ISTRY 11. BIRTHPLACE (Stole New You			ZEN OF WHAT COUNTRY?
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME		
	Frederick Eic				a Hitchcoo	k	
	15. WAS DECEASEDEVER IN U. S. (Yes. no or unknown) (If yes, give	war or dates of service)	social security no. 17.		dical Reco		ll, Maryland
	Conditions, if ony, which gave rise to immediate cause (a), stating the under lying cause last.	CAUSED BY: DUE TO (c) CAUSE (a) DUE TO (c)	egatic - Re netastatic	Chorio can	cenone		INTERVAL BETWEEN ONSET AND DEATH
	CATIO		CONTRIBUTING TO DEATH BU				1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		E OF DEATH EXAMINER) 206. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in f	Part I or Part II of ite	m 18.)	
	20c. TIME OF INJURY Month Hour a. m. p. m.	, Day, Year 20d. II 19 While at wor	Not while fo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	20f. (City or town) (C	ounty) (State)
1	21. I certify that I attended alive an May 1 ACTUAL SIGNATURE		4 -	maccurred at 2:00. M.D. The C1:	AM, from the capaboress (Street, city inical Cer	auses and an th	DATE SIGNED 5-11-58
,	PHYSICIAN'S HOWARD 220. BURIAL, CREMATION, 22b. I	R. Engel,	M. D.	Betheso	da III. Mar	yland	
1	Burial-Transi t	5-13-58	Mt. Calvar	ry Cem.	Oneonta	New You	(State)
	23. FUNERAL DIRECTOR'S SIGNAT ROBERT A. PL	JMPHREY	Betherda, M	/Id . 24a. REGI	REGISTRAR	146 NEGISTRAR'S SIG	NATURE

	P To Make	
HTARTH TO ST	ANTERES MILLOS	
		had the second
		tronds to
		According to the second
	. A thinking Mr. An.	Name of the second
CONTRACTOR OF THE PARTY OF THE	Will will	
	English Manual	COTTO CONTROL OF THE PARTY OF T
the product of the last of the same and		alida Mana
579 Sel		o Sheoutsi
describe aliquete		and the contract of
Trees Int. commont. commit Desirit 1971		
		CONTRACTOR OF STREET
A LAND OF THE ROOM		THE RESERVE AND THE PARTY OF TH
[2] [[프리크] [[2] [[[[[[[[[[[[[[[[[
		ot when I is a firm I it.
a traditional in the case of each real of the same		OF SELECTION TO
The state of the s		
-14-1 by the median family first and a	S 5	HOLDER CONTRA
PARADON TO THE PROPERTY OF THE STATE OF	L. C. P. D. J. Iten	ik . 8 Parron Likewi
	Tavelous and late!	
		The state of the state of
	A . Augs Don = 71	HHAMIST CONTRACTOR
	(

VS A15 (4) 15M 9/55

M

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
501	1 CENTIFICATE	OF DEATH	

5	9	11	CERTIFICATE	OF	DEATH

Reg.	Dist.	No.	1)	5	Q.	8	4

	LACE OF DEATH	Montgomery	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryla		lived. If institution b. COUNTY	Montg		
E	RURAL ond give ne		1	c. CITY OR TOWN (If			URAL and give	nearest to	wn)
		ethesda	13½ hours		r Sprin	g			
1	OR INSTITUTION	AL (If not in hospital, give so Suburban H		d. STREET ADDRESS 2402 Colston	Drive			ON	ESIDENCE A FARM?
3. 1	NAME OF	First	Middle	last	4. DATE	Mon	th	Day	Year
	Type or print)	Louise		Hekimian	OF DEATH	May		20	19 58
5. 5	Female	777 0 1	MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9	P. AGE (In years last birthday)	Months Da		
10a.	during most of work	N (Give kind of work done ing life, even if retired) naker	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign car	untry) RK	12. CITIZE	W OF WH	AT COUNTRY?
13.	FATHER'S NAME	VON	ANDRIAN	14. MOTHER'S MAIDEN	. 1.12	lown	أنورا		
	WAS DECEASED EVER	IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT		Addi	ess		
7			Ho	spital Record	i				
		TH [Enter only one cause TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a). (b). and (c).	tion				ONSET AN	BETWEEN ND DEATH
	Conditions, if or gove rise to in cause (a), stating t	nmediate (Suptimed So	rtic Anews	yom,	Aldone	nal	10-ho	us_
CERTIFICATION	PART II. OTH	er significant condition	ONS CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERM	SINAL DISEASE	CONDITION GIV	EN IN PART	o) 19. WA PER YES	S AUTOPSY FORMED? NO
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING (1) 20b. CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part	II of item 18.)			
MEDICAL	20c. TIME OF INJUR' Hour o. m. p. m.	v	10d. INJURY OCCURRED 20e. Pt While Not while It work at work	ACE OF INJURY (Home, farr ctary, street, affice bldg., etc.	m, 20f. (City	or town)	(Cou	nty)	(State)
	21. I certify th	at I attended, the dec	ceased from 3/15/	58, 19 , to s	5/19/3	58, 19	_,that I las	t saw th	e deceased
	alive on	5/19/58	19, and that death	occurred at 124		the causes a set, city or town,		date sta	nted above.
	PHYSICIAN'S NAME (Type)	John B.	UMHAU	M.D. 5803	Cha	so	15	m	/ 29/3
220	BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATI	ION (City, town, o	or county)	(5	lole)
	urtal	5/22/58		metery		ington			
23.	FUNERAL DIRECTOR	Jines Ca	2901-14 H.S.F.N	WARFING 240. REC	MAY 2 1	'58 24b. REGIS	STRAK'S SIGN	ATURE	

and the second second	HTAGG PO BTH	CERTIFICA	
		mounts.	Control of the same of the sam
			Allegation of the Allegation o
Egypt State of the			MARKET BASE AND THE STREET
	arawan Boarne a Style Arawan Arawan Arawan	Sparing of the series of the series of	
	Vision of the Control		
			The state of the s
			Con English Coll Veter Witten of a
			PARTY NEW YORK
ercal off end fold that			
			S. A. Carrier
		with the stocked	
Intellige swifts host contice		all below	

FOR STATE HEALTH DEPT.

Y MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please the certificate fitting the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 3 be forwarde the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your stall DIRECTOR. Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board of Wilth, signated agent, priar to burial, cremotion, ar removal, and in any event within 72 hours after death.

I

0

TO DEPUT	execute	4 should	TO FUNER	or its de
VS.	A W 2			

MARYLAND S	TATE DEPARTME	NT OF HEALTH-	-BALTIMORE,	18
MEDICAI 5019	L EXAMINER'S	CERTIFICATE	OF DEATH	Reg

	MEDICA 5010	L EXAMINER'S	CERTIFICAT	E OF DEATH	Reg. Dist. No. (15885
1. PLACE OF DEATH	0016		2. USUAL RESIDENCE (W	here deceased lived. If instituti	ion: Residence before admission)
· county montgo	nery	MARYLAND	o. STATE m	b. COUNTY	montg
b. CITY OR TOWN (If outside corpore and give negrest lown)	ite fimils, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limits, write f	RURAL and give pearest town)
Selven Sp.	ing	2/21/20	56 Celia	spuns	
d. NAME OF HOSPITAL OR INST	ITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS	1/2/	e. IS RESIDENCE ON A FARM?
3000 Wel	eler Rd	, v	3000 0	Weller Ro	YES NO
3. NAME OF DECEASED (Type or print)	· First	Rouse His	Lost	4. DATE Month OF DEATH MONTH	Doy Year 13 19 5 8
5. SEX 6. COLOR	OR RACE 7. MARRIE	D NEVER MARRIED 8		fruit hinth dawl	FUNDER LYEAR IF UNDER 24 HRS.
Lunce wh	Z WIDOWED	DIVORCED [11/6/06	51 yk.	Months Days Hours Min.
Jap. USUAL OCCUPATION (Give kin	d of work done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
houseule			Old Poin	t Comfort. V	a. M-8.C
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
Albert Hump	hrey		Lillie I	Mae High	
15. WAS DECEASED EVER IN U. S. (Yee, no, or unknown) yez, give we	ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	6 Jordan Rd.
		H. H. Charles	larvey L. H	umphrey Wash	ington, D.G.
18. CAUSE OF DEATH [Enter or	nly one cause per line	for (o), (b), and (c).]	•		INTERVAL BETWEEN ONSET AND DEATH
PART 1, DEATH WAS CAU		anary oc	clusion		Found alead
420.1	DUE TO	1			in Tab
Conditions, if ony, which)	(b)				
gove rise to immediate cause	DUE TO				
(a), stating the underlying cause lost.	(c)				
	CANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19, WAS AUTOPSY
E 4 7 1	dress	heart all			PERFORMED? YES NO Z
200. EXTERNAL CAUSE WAS	20b. DESCRIBE	HOW INJURY OCCURRED. (E		Lor Port II of item 18.)	120 100
PART II, OTHER SIGNIFIC TO STEER THE CAUSE WAS I PRIMARY DO OF CONTRIBUTIONS CAUSE OF DEATH.	¢ l	THOU HISON OCCORNED. (mor notice of injury in voir	Tot Tutt II or tiom to.,	
T. I		NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	120f. (City or town)	(County) (State)
Hour o. m.	While	Not while fact	ory, street, office bldg., etc.)		(count)
21. I certify that I tool		rk ot work	ue held Autren		
		- mar	_		Inquiry [X], and in my
opinion death resulted	from: Natural c	causes KI. Accident [, Suicide , H	iomicide [], Undefer	mined manner [
ACTUAL TO	9-Bnn	a Lout	M D CHIEF MEDICAL EX	AMINER (7)	DATE SIGNED
SIGNATURE PAUL	1 -		M.D. ASSISTANT MEDICA		
EXAMINER'S NAME (Type)	UK J.1	Broschart	DEPUTY MEDICAL E	60	4 15-58
220. BURIAL, CREMATION, 22b. DA	TE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, of	(State)
burial 5/1	9/58	Arlington N	lational Ce	m. Ft. Myer	. Va.
23. FUNERAL DIRECTOR'S SIGNATUR	n 470.	1 Inth St. N	W 240. REC'D	BY REGISTRAR 245 REGIST	TRAN'S SIGNATURE
The S.H. Hine	es Co. Wa	shington 9,	D.C. DATE MA	AY 1 6 '58 UUL	Leduch

ANALYSIS SERVICES OF THE PROPERTY OF THE PROPE		MEDICAL EXAMINERS CERTIFICATE OF BEATH
The state of the s		
The state of the s		
Company Comp		
The second secon		
The product of the pr		
	3 •	BANKON LUUR NEUT KANTAN MENGANTAN MENGANTAN MENGANTAN MENGANTAN PERMEMBERAKAN MENGANTAN MENGANTAN KANTAN PERME
		STAND THE STAND IN THE PROPERTY AND STAND IN THE STAND IN THE STAND IN THE STAND WITH THE STAND IN THE STAND IN
The state of the s		
Chemistry de l'action de l'act		
IN COMPANY OF THE STATE OF THE		Chemin mental and the State of
		Service of the servic

-/	à	7
ed with	5)
a l	_	/
pluo		
ind 2 shaulo	7	10
Pu		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5913 CERTIFICATE OF DEATH

()588**6**

								Reg. Dis	it. No.		
1. PLACE OF DEATH o. COUNTY				11	USUAL RESIDENCE (M	/here decease	ed lived. If instituti	on: Residence	ce before	admission)	
Montgome	ery		MARYLA	ND	Maryla	and	b. COUNTY	Montgo	omery		
b. CITY OR TOWN	(If outside corporate limit	ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (IF	outside corp	orote limits, write R	URAL ond g	ive neares	t tawn)	
Olney	nearest town)		5 days		× Derwoo	h					
d. NAME OF HOSPI	ITAL (If not in hospital, g	ive street			d. STREET ADDRESS	Ju			le.	IS RESIDENC	F
OR INSTITUTION	0				1					ON A FARM	?
	ry County Ge								'	ES NO	_K
3. NAME OF DECEASED	Fin	st	Middle		Lost	4. DATE	Mar		Day	Year	
(Type or print)		arth		rrain	e Higgin	DEATH	May		13	19	8
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years last birthday)			UNDER 24 H	_
Female	White	WIDOW	ED DIVORCED		7/31/20		37 yrs.	Months	Days H	lours Mir	n.
IOa. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	e or foreign o	country)	12. CITI	ZEN OF	WHAT COUN	ITRY
during most of wor	rking life, even if retired)				Marylar	Marin Marin		п	G	A	
3. FATHER'S NAME				1	4. MOTHER'S MAIDEN			1 0.	. S.	A .	
	n Eugene H				Lillian	n Hoyl					
(Yes, no. or unknown)	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress			
					Alvin Euger	ne Hig	gins, S	ame		ELIO D	
18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (o), (b), and (c).]							AL BETWEEN	
PART I. DE	ATH WAS CAUSED BY:	e e	Lobar Pner	moni	P .				ONSET	AND DEATI	н
581.0	IMMEDIATE CAUSE (o)		Hobar Thee	ZIII O I I I	OL .				-		
			01	. С т							
Conditions, if gove rise to			Cirrhosis	OI L	iver						
couse (o), stoting											
lying couse lost.	(c)										
PART II. OT 496 X 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	H BUT NO	RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19.	WAS AUTOP	SY
3 490X										PERFORMED?	
20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter nature of injury in	Port I or Par	rt II of item 18.)			0 .	
(IF EITHER, NOTIFY	G CAUSE OF DEATH										
		r 204 II	NJURY OCCURRED 20	De PLACE	OF INJURY (Home, fare	m 204 (Cit	v or town)	100		10.	
20c. TIME OF INJUI		While	_ Not while	factory	street, office bldg., et	(c.)	y or town;	(C	County)	(Sto	nej
₹ p. m.	19	of wor	k ot work				4,				
21. I certify t	hat I attended the	deceas	ed from May	8	, 19 58 to M	lay	13 19	5 hat I le	ast saw	the dece	ase
	Tay 13	. 19		eath oc	curred at 9:45	RA from					
			, d., d. , ., .,				itreet, city or town,		ie duie	DATE SIG	
ACTUAL	A 205					(, , , , , , , , , , , , , , , , , , , ,	,		DAIL SIG	7146
SIGNATURE	· v. G O O .		7 cmg	M.D.							
PHYSICIAN'S		40									
NAME (Type)			ant, M. D.			ly Spr	ing, Mary	land			
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREO	F	22c. NAME OF CEMETE	RY OR CR	EMATORY	22d. LOCA	TION (City, town, o	or county)		(Stote)	
Burist	5-16-58		Forest	Cak		Ga	ithersbu	irg.	. Far		
23. FUNERAL DIRECTOR	r's signature	120	ADDRESS		240. REC	'D BY REGIS		TRAR'S SIG		10 N 10	
Ernest	C. Gartne	p.	Gaithersb	urg.			58 000	6 .	-/		
2222000	00 002 0110	- 2	0120200) DAIE		I	In sale	LLA		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY District of Columbia MARYLAND Montgomery b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda (Rural Davs Washington d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS U.S. Naval Hospital, Bethesda, Md. 2853 Ontario Rd. N.W. 3. NAME OF Middle Last 4. DATE DECEASED Cabell (Type or print) HORRIGAN Marv DEATH May 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Female White WIDOWED | DIVORCED | March 1893 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of warking life, even if retired) Housewife Virginia and None ŏ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Cabell CHUNNING Cyremia Garrett 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address to 1918 Yes. 1912 (Son) David Edward HORRIGAN, Jr. Unknown 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420.0 DUE TO requires that Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) While Not while of work at work 5-20-58 21. I certify that I oftended the deceased from. . 19____that I lost saw the deceased and that death occurred at 2505A. M. from the causes and on the date stated above. detac ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE U.S. Naval Hospital, Bethesda, Md. HOSPITAL PHYSICIAN'S Robert G. Muth, LT, MC, USN FUNERAL U.S. Naval Hospital, Bethesda, Md. 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page REMOVAL (Specify) Mt. Olivet Cemeterv Burial Washington, D. C. 0 10

VS A15 (4) 15M 10/57

2901 14th St., N.W. Washington, D.C.

23. FUNERAL DIRECTOR'S SIGNATURE

24n. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEMAY 2 1 '58

e. IS RESIDENCE

Day

20

IF UNDER 1 YEAR IF UNDER 24 HRS

(Same As

INTERVAL BETWEEN ONSET AND DEATH

wica

PERFORMED? YES NO

(Stote)

(State)

Hours

12. CITIZEN OF WHAT COUNTRY?

Days

U.S.

(County)

Months

ON A FARM?

YES NO X

Year

19 58

TO HOSPITAL OR ATTE. IG PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after degree may be retained by the pital or attending physicion.

TO FUNERAL DIRECTOR: This certificate has been signed by the attending physician and completely filled in by the function page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should we the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer, death.

VS A15 (4) 15M 10/57

Poge 4

director

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05888

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Prince Georges MARYLAND Maryland Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 10h days Beltsville 16 X - 2 Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1112 Sellman Road YES NO The Clinical Center, Bethesda 14, NAME OF 4. DATE Middle Month Year DECEASED OF DEATH 1958 Franklin (Type or print) Robert May 20, Horstman. Jr 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Male WIDOWED | DIVORCED | 26 yrs White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY (Life) District of Columbia U. S. A. Insurance Agent Insurance 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Franklin R. Horstman, Sr. Beatrice Nairn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record ddress The Clinical Center, Bethesda 14, Maryland No Unavailable 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) LEUKEMIA MyElocytic 6 mos DUE TO Conditions, if any, which JEMORRNAGE PNEUMONIA MO (b) gove rise to immediate DUE TO couse (o), stoting the under-CHOLENTS TITIS lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Acute YES NO GANGRENOUS ULCERATIVE E SOPHAGITIS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Month. Day, Year 20d. INJURY OCCURRED (County) (State) Hour o.m. factory, street, affice bldg., etc.) Not while While at work of work p. m. February 58 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 6:30 Am, from the causes and on the date stated above. May 20 ADDRESS (Street, city or town, state) levard w. ACTUAL The Clinical Center The National Institutes of Health PHYSICIAN'S Edward W. Moore, M. D. Bethesda ll. Maryland NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Addisons' Chapel Seat Pleasant 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Lee Funeral Home Washington D.C.

of the the							
		Section and the second				3450	
				1.			
						£B6	100
		August Sein	E.M. M. M.	Anen se . t.	Simil Dis	ARRY L	
							12.55
		. the target of the					
					1000		
		25574 151751					440
3 3 1	AZ OSTUL		6 LEAD BOURT			Epdl.	HE
		lali polyziaji.			Depte :	cold	roser
		Louis and the					
Sherman ils		nell Latterilla		area will			
	*		A Y		0 En 1		
					BSC Mark		
No. 100 Tell 11					in the second		
A SIL and Tolk of the Sil and		TOTAL STATE OF THE			Preside		
		THE REPORT OF THE REPORT OF THE PERSON OF TH			Preside		

AT STREET, STR

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist. No. 0588
---	---------------------

1.	PLACE OF DEATH					2. USUAL RESIDENCE	(Where deced			nce before	odmission)
	Mont	gomery		P	MARYLAND	o. STATE Mary	vland	b. COUN		ntgon	00237
-	ond give neerest town) Betheso	outside corporate limits,	write RURAL	c. LENGTH	OF STAY IN 16	c. CITY OR TOWN	(If outside con	porote limits, writ			
A 1	I. NAME OF HOSPITA		(If not in h	ospital, give stre	et oddress)	d. STREET ADDRESS	7			le.	IS RESIDENCE
		odside				6918 V	Woodsi	de Plac	20		ON A FARM?
	NAME OF DECEASED (Type or print)	TOI	First	٨	Aiddle	Lost	4. DATE OF DEATH	Mon	th	Doy	Yeor
5. 9		JOH	100	K		HOSKINS	DEATH	May	16	we sol to t	19 58
		6. COLOR OR RAG		-		DATE OF BIRTH		9. AGE (In years lost birthday)	Months I		UNDER 24 HRS.
-	Male	White	WIDOW		ORCED	July 12,	1884	73 yrs.			
	. USUAL OCCUPATION furing most of working ablic Hea	life, even if retire	d)	KIND OF BUSIN	NESS OR INDUSTI	Pennsyl				IEN OF WI	HAT COUNTRY?
	FATHER'S NAME	T CII-I C C				14. MOTHER'S MAIDEN	1 1174 117			10	
			. 1.					m 1			
16	WAS DECEASED EVE	ester H		S. SOCIAL SECUI	17 NO 17 M	FORMANT	na B.	Traub			
	, no, er enknown)	If yes, give war or date		s. SOCIAL SECUI				Addres			
	No L				Ma	attie S. H	loskir	s-same	as 20	ì	
	18. CAUSE OF DEAT			e for (o), (b), on	d (c).}					INTERVAL I	
	PART I. DEATI	H WAS CAUSED BY	(0)	Coron	ary oc	clusion				1/2	hour
	420.1	DUE '	ro						1		
	Conditions, if an	y, which)	(b)								
8	gave rise to immedi	iate cause									
11	(a), stating the v	nderlying	(c)							1000	
CERTIFICATION	PART II. OTHI	ER SIGNIFICANT CO		CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION G	IVEN IN PART		ERFORMED?
P P	200. EXTERNAL CAU	SF WAS	20h DESCRI	ISE HOW INITIES	V OCCUPPED (F	nter noture of injury in P	ant I as Post I	af item 18.1		1123	LI NOLL
	PRIMARY OF CON	TRIBUTING []	200. DESCR	IBE HOW INJUR	OCCORRED. (E	ner notore or injury in re	on For ren F	or item is.)			
MEDICAL	20c. TIME OF INJUR' Hour a.m. p. m.		Wh	. INJURY OCCU	nile facto	E OF INJURY (Home, for ry, street, office bldg., e	rm, 20f. (Cil	y or fown)	(Cou	nty)	(State)
	21. I certify the	ot I toak char	ge of the	remains de	scribed abov	re, held on Autop	osy [], 1	nspection K	, Inquir	/ E.	and in my
	apinion death r	resulted from:	Natural	couses 🔀,	Accident [], Suicide [],	Homicide	Under	ermined m	anner [
	ACTUAL 2	- 2 9.	Bn	orpa	*	M.D. CHIEF MEDICAL	EXAMINER [DA	TE SIGNED
	0.011.011.011	1				ASSISTANT MEDI	CAL EXAMIN	ER 🗍		5/1	.6/58
	EXAMINER'S NAME (Type) FY	ank J.		hart,	MD	DEPUTY MEDICA	L EXAMINER	X			
220	BURIAL, CREMATION REMOVAL (Specify)	N. 22b. DATE THE	REOF	22c. NAME O	F CEMEIERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)		(State)
23	Burial Burial	5/20/	58	Arli		National 1240 RFG	Ar C'D BY REGIS		Vir	gini	a
D	-1.						01 (5013	1.00	TOTRINE S SIO	THUNK	
区	obert A.	Pumphre	ey B	ethesda	, Mary	land May	1 9 '58	- And	7	1	
								with	-eaucy	1	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate stining the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarde. The Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your stock or FUNERAL DIRECTOR: rage 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. execute the certificate 4 should be forwarde TO FUNERAL DIRECTOR VS. A15ME 5M 2/57

BTEVENING - NEWSLAND WERKER STATE OF A TYPAM 14 THE RELEASE OF THE PARTY OF THE THE REPORT OF THE PERSON AND PARTY. Charles Million Land St. St. Vice St. TO CHARLEST AND THE REAL PROPERTY.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

05890

	00 .		QEKIII I	UA!	- 01 01	~			Reg. D	ist. No	١.	
1. PLACE OF DEATH o. COUNTY Mon	tgomery		MARYLAI	11	USUAL RESIDENCE O. STATE Mar	E (Where		l lived. If instituti b. COUNTY	mon: Reside	nce befo	ore odmiss	ion)
b. CITY OR TOWN RURAL and give () 1 n		s, write	c. LENGTH OF STAY IN	16			ide carpor	rote limits, write R	URAL and	give ne	arest tawn	1)
	PITAL (If not in hospital, gi			al /	d. STREET ADDR							FARM?
3. NAME OF DECEASED (Type or print)	Firs W1]	lia	Middle m Edw	ard	Loss Howard	4	DATE OF DEATH	May	th	6 ^D	,	Year
s. sex Male		7. MARR	NEVER MARRIED		ATE OF BIRTH 5/11/83			9. AGE (In years lasty birthdoy) 4 yrs.	IF UNDE Months	R 1 YEAR	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPAT during most of wo Farme	TION (Give kind of wark d orking life, even if retired) T	one 10b.	KIND OF BUSINESS OR II	NDUSTRY		(State or ry la		iuntry)	12. CI	U.	S. A	COUNTRY
	ıknown			14	i. Mother's Mai	den naa knov						
15. WAS DECEASED EN	VER IN U. S. ARMED FORCE	rvice) 162	163535360	17. INFO	rmant Matt	ie H	lowa:	rd	Sam	ie		
Canditions, if gove rise to cause (o), stating lying cause last	g the under-	P	Brebra Brefel Br	20	ASCU A FELATED TO THE	- / - ,	5	condition GIV			19. WAS	AUTOPSY
(IF EITHER, NOTIF	VAS UNDERLYING D IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20ъ. DESC	CRIBE HOW INJURY OCCI	URRED. (Er	nter noture af inju	ary in Par	t I ar Port	II of item 18.)				NO _
ZOc. TIME OF INJU	10	While	NJURY OCCURRED 204 Not while of work	e. PLACE (factory,	OF INJURY (Home , street, affice bld	, farm, g., etc.)	20f. (City	or town)		(County)		(Stote)
21. I certify alive on	that I attended the	decease _, 12_			Curred at 7	30 A.	M, from		ind on t		te state	
PHYSICIAN'S NAME (Type)			M. D.			ith	ersb	urg, Ma	rla	nd		
BUNA SPICIF	May 8	1958		RY OR CR	EMATORY	22		ION (City, town, o			(Stote	e)
23 PUNERAL DIRECTO	R'S SIGNATURE	La	ADDRESS ytonsville	. Me	240	. REC'D	Y REGISTI	AR15 24b. REGI	TRAR'S SI	GNATU		

VS A1S (4) 1SM 9/55

had not part			7 4 4		
	在新版的用制表。 第二、計畫	Line Total			
		7	1000		C
					100
Committee of the second of the			about with her		
Total Tax A Constitution			ui a .	Ben Ben	
e with such the fat		gev dama	gez B		
THE RESIDENCE PROPERTY OF THE PROPERTY AND		a ,ollivenoty			

7	53.	13
Poge 4	director, led with	N
. Pc	direction	

5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 11,17 Film 230 6-9-58 44 CERTIFICATE OF DEATH

E010

Reg. Dist. No. 894

1. PLACE OF DEATH o. COUNTY MON	tgomery	10	MARYLAN	2. USUAL RESIDENCE O. STATE Dis		ed lived. If institution of Colombia		before odn	nission)
b. CITY OR TOWN (I RURAL and give be Bethesda (I	If outside carparate limi earest town) Rural)	ls, write	c. LENGTH OF STAY IN		N (If outside corp	porate limits, write l	URAL and giv		wn) \
d. NAME OF HOSPIT OR INSTITUTION	Hospital,		oddress)	d. STREET ADDRE	ESS	nd Ave.,	1 1 11	e. IS F	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	Natha Natha		Middle Berry	IRONF IELD	4. DATE OF DEATE	May	nth	Doy 6	Year 19 58
5. SEX Male	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		1893	9. AGE (In years lost birthday) 05 yrs.		YEAR IF UN	
	111111111111111111111111111111111111111	done 10b.		NOUSTRY 11. BIRTHPLACE	(State or foreign		12. CITIZ	U.S.	AT COUNTRY?
Alfred IRO		CES? 16.		Mary Allo		Add	E. Hor		
	mmediate (Rop.		ARTERIOS			м	MIN WIN	UTES
HYPERTY WA	TER SIGNIFICANT CON	DITIONS C	LINSCHEROTIZ	BUT NOT RELATED TO THE HIZIPET DISEA PRRED. (Enter nature of inju	ME, CER	EBRAL F	HETERIO	PER	FORMED?
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Doy, Yes	20d. IN While of work	Not while	PLACE OF INJURY (Home factory, street, affice bldg	, form, 20f. (Ci	ty ar town)	(Co	iunty)	(State)
ACTUAL SIGNATURE PHYSICIAN'S AU NAME (Type)	pust Miale	, 19 ale , Jr.	LT,MC,USN	M.D. U.S. Nav	ADDRESS (VAL HOSE VAL HOSE	Street, city or town, Dital, Bet Dital, Bet	thesda	date sto	nted above. DATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	9 May 19			Nat'l Cemeter	ry Ar	lington,	Virgin	nia	late)
23. FUNERAL DIRECTOR	477	& Ma	ADDRESS SS. AveN.W	.Wash.D.C. DAT	REC'D BY REGIS	000	STRAR'S SIGN		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea may be retained by the spital ar attending physician.

TO FUNERAL DIRECTOR: This certificate has been signed by the attending physician and campletely filled in by the fun page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should retain the registrar prior to burial, ar remayal, and in any entitin 72 haurs after death. VS A15 (4) 15M 10/57

	HTARD TO HIV		
A TOTAL STREET, STREET	dinacae to crement		Charles of the supersonal of
	A MAN SAME AND SECOND	The same of	
	The same of the same		e gritant LETT
	POUR DE LES		
15-15-16-1			
	and Automobile with		
	THE STATE OF STATE OF STA		
	Entra Section 12 (198	d. T.Me. ovi . and	A not see the see that &

				1
Н	F	O	R	SH
JTY MEDICAL EXAMINER: This cerificate should be executed within 24 hours after death. If any delay is necessary please 🛨	pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Sage mi	ild be forwarde, the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your	veriblitronsit permit. File pages I and 2 with the State Board of thith, I'll	ar removal, and in any event within 72 hours after death.
IER: This certificate show	g the ward "pending" in	e Chief Medical Examin	3 should be used as	or to buriof, cremation,
JTY MEDICAL EXAMIN	e the certificate Litin	ild be forwarde. the	ERAL DIRECTOR: Page	designated agent, pria

T OR STÄTE			NT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. D	u.5892
ALTH DEPT.	1	PLACE OF DEATH o. COUNTY Montgomery b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Bethesda	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE Maryland b. COUNTY N. c. CITY OR TOWN (If outside corporate limits, write RURAL once Bethesda	ontg.
retained for your death.	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	/d. STREET ADDRESS 8905 Seneca Lane	LIES C. HOC
Page 5 may be I and 2 with th hin 72 hours after	5.	DECEASED	11/7/1878 Interpretation Interpretat	19 58 1YEAR IF UNDER 24 HRS Doys Hours Min. ZEN OF WHAT COUNTRY
aminer's Office along with form PM3.	Įγ	(if yes, give wor or dotes of service)		interval estimes on the constraint of the constr
Id be forwarde the Chief Medical Exa RAL DIRECTOR: Toge 3 should be used a designated agent, prior to buriof, cremati	MEDICAL CERTIFICA	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter noture of injury in Part I or Part II of item 18.) CE OF INJURY (Home, form. 20f. (City or town) (Country, street, affice bldg., etc.) ve, held an Autopsy, Inspection, Inquir	PERFORMED? YES NO (Slote) YES And in my manner D DATE SIGNED
S FUNER or its des	27	Burial Specify) 5/31/1958 22c. NAME OF CEMETERY OR REMOVAL (Specify) 5/31/1958	CREMATORY 22d. LOCATION (City, town, or county) Washington	D. C.

Rock Creek ADDRESS

Robert A. Pumphrey-7557 Wis. Ave. Bethesda, Mde un 2

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

VS. A15ME 5M 2/57

Annales with a particular in the last

PITA 30 TO STA 3 PITATO STEMENANCE LA STORM

315

KI TO THE REAL PROPERTY.

no tentre a

2-0-250 00-1 00-1

VS A15 (4) 15M 10/57

1			
ding physician and completely filled in by the fun,	ise remove carban papers. Pages 1 and 2 should confiled with	(-
the fun	should	-	1
d in by	and 2		
ly filled	Pages 1		
complete	papers.	oth.	
bno no	orban	ofter de	
physicic	emave c	n 72 hours after deat	
ding	ise re	n 72	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5920 **CERTIFICATE OF DEATH** Reg. Dist. No.

o COUNTY MONTGOMER	RY	MARYLANI	o. STATE Virg	inia	b. COUNTY	on: kesidence ber	ore odmission)
b. CITY OR TOWN (If outside of RURAL and give nearest town Bethesda (Rura)),	c. LENGTH OF STAY IN 1		(If outside corpo	erate limits, write R	URAL and give no	earest town)
d. NAME OF HOSPITAL (If not OR INSTITUTION U.S. Naval Hos	in hospitol, give stree pital, Bet	hesda, Md.	d. STREET ADDRESS	s) S. Bar	ton St.		e. IS RESIDENCE ON A FARM? YES NO (2)
3. NAME OF DECEASED (Type or print)	First Jer ome	Middle Cecil	JACKSON	4. DATE OF DEATH	May	th D	7 19 58
1 1 1		RRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)		R IF UNDER 24 HRS.
Male Whit	te widov	VED DIVORCED	11 July 192	28	29 yrs.	Months Days	Haurs Min.
10a. USUAL OCCUPATION (Give k during most of working life, e Mariner	ven if retired\	. KIND OF BUSINESS OR IN		tate or foreign o	The second second		OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME			
Joseph Jackson			Gladys Ra	awlings			
15. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16	SOCIAL SECURITY NO. 17	. INFORMANT		Addi		
the year give	12-4-51	220 16 8660	(Wife) Mrs. I	Helen Ar	nMarie J	ackson (Same As #2
18. CAUSE OF DEATH [Enter	/	line for (a), (b), and (c).	odakine h	ym place	ma	101	TERVAL BETWEEN USET AND DEATH
201X	DUE TO						1
Canditions, if any, which) (b)						
gave rise to immediate	OUS TO						
lying cause last.	(c)						
PART II. OTHER SIGNII		CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	ERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	OF DEATH	SCRIBE HOW INJURY OCCUI	RRED. (Enter nature of injury	in Part I ar Par	t II of item 1B.)		
20c. TIME OF INJURY Month, Hour a. m. p. m.	While		PLACE OF INJURY (Home, factory, street, office bldg.,	form, 20f. (City etc.)	ar town)	(County	(State)
21. I certify that I atte	ended the decea	sed from 22 Apri	1 19 58 to	7 May	10 58	that I last s	saw the deceased
glive on May	. 19		oth accurred at 6:1	5A.M from			
ante din		T', and man dec	am accorred at Mayer		treet, city ar town,		DATE SIGNED
ACTUAL SIGNATURE LUGAS	Mich	eh'	M.D. U.S. Nav	al Hosp	ital, Bet	hesda, l	Ma. 5-7-58
PHYSICIAN'S Augus	t Miale,	Jr.LT,MC,USN	U.S. Nav	al Hosp	ital, Bet	hesda, l	Md.
220. BURIAL, CREMATION, 22b. C. REMOVAL (Specify) Burial	97587	22c. NAME OF CEMETERY Arlington Na	or CREMATORY at'l Cemetery		ington, V		(State)
23. FUNERAL DIRECTOR'S SIGNAT	ike Even	ADDRESS	24a. F	REC'D BY REGIST	RAR 24b. REGIS	TRAR'S SIGNATA	JRE
Chambers, 3072	M. ST.NW,	Washington, 1	D. C. DATE	MAY 9 '5	8 CU-	Lesuch	

		WHEN YES		Album) Compa
	Can by Cam	At the second	40.00	
		Talen, in		
		Single state in		
A. J. LE			ASSESSED NO.	
		District on the Line		anna de sitoni s
(Sept 2) (Table)				ALTERNATION OF THE PARTY.

M

5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5921

CERTIFICATE OF DEATH

Reg. Dist. No. U5894

-										W48. D10			
	PLACE OF DEATH	Montgomery			MARYLAND	II O STATE	rict o		d lived. If institution to the country umbia		e before	admissi	on)
	b. CITY OR TOWN (II	autside corporale limits	, write	c. LENGTH O	F STAY IN 16	c. CITY OF	TOWN (If o	utside corpo	prate limits, write I	RURAL ond g	ive neare	st town)
	Bethesda	arest town)		25 d	avs	Wash	ington	,	11	7 V %			
	d. NAME OF HOSPIT.	AL (If not in hospital, gi		address)		d. STREET	ADDRESS		7	7//	e.	IS RESI	DENCE FARM?
	The Clinic	al Center,	Bet	hesda 1	L. Md.	1709	9th S	treet	N.W., A	pt.#2		YES 🗌	NO 🔀
3.	NAME OF DECEASED	Firs			Middle	L	ast	4. DATE OF	Moi	nth	Day	Y	fear
	(Type or print)	Sall	ie	В	ertha	Jack	son	DEATH		May	4	1	9 58
S. :	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER	MARRIED	B. DATE OF BIR	TH		9. AGE (In years last bythday)	IF UNDER	YEAR IF	UNDE	R 24 HRS.
	Female	Negro	WIDOWI	ED D	VORCED [Novemb	er 20.	1881	76 yrs.	Months	Days	Hours	Min.
	. USUAL OCCUPATIO	N (Give kind of work d	ane 10b.	KIND OF BUSI	NESS OR INDL		PLACE (State		ountry)	12. CITI	ZEN OF	WHAT	COUNTRY
	Custodian	ing life, even if retired)	U	.S.Gove	rnment	Vir	ginia				U. S	. A	
13.	FATHER'S NAME				2 12110110		'S MAIDEN N	IAME					•
	John W. Ba	wlie				M47	dred G	2442					
		IN U. S. ARMED FORCE	ES2 16	SOCIAL SECUE	ITY NO. 17				Record Add	Iress			
(Ye	s, no, or unknown) (If yes, give wor or dates of se	vice)								36	-	
	No			scertai		The CII	nical	cente	r, Bethe	eda III	, Ma	LAT	and
		TH [Enter only one cou									ONSET	AND	DEATH
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a).	Puli	monary	edema a	nd brone	chial	pneum	onia (bil	latera	1)		nrs.
	171×	DUE TO											
	Canditions, if ar		Car	cinoma	of cerv	ix with	metas	tasis				2 3	yrs.
	gove rise to in cause (a), stating t									-			
	lying cause lost.	(c).											
ON	PART II. OTH	ER SIGNIFICANT COND	ITIONS C	ONTRIBUTING	TO DEATH BU	NOT RELATED T	O THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PART	1(a) 19.	WAS A	UTOPSY
CATION	D11256		1 88									PERFOI	NO []
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW IN	JURY OCCURRE	D. (Enter nature	of injury in F	Part I ar Par	t II of item 18.)		ď.		
MEDICAL	20c. TIME OF INJURY	Month, Day, Year		NJURY OCCUR		ACE OF INJURY	(Home, form,	, 20f. (City	r or tawn)	(C	aunty)		(State)
ME	p. m.	19	While of world	Nat while			or oragi, ora						
	21. I certify the	at I attended the	decens	ed from	April	9 10 5	8 to Ma	v).	10 5	R that I I	act can	the	decessor
	alive on	May h	. 19						n the causes o				
	unive on	0 0	1 1	Juan, und	indi dedir	occurred o			n the causes of treet, city or town,		e date		d above.
	ACTUAL /	aksive	Ham	N	11)	The (Clinic			,,,,,,	5_	5-58	
	SIGNATURE	· vasc.	100.	70,1	1.2.				utes of	Hoolth	-)-)(
	PHYSICIAN'S ROMANE (Type) RO	bert C. Ho	ye, l	M. D.			esda 1			IRST MI			
220	BURIAL, CREMATION	V, 22b. DATE THEREOF		22c. NAME C	F CEMETERY C	R CREMATORY		22d. LOCAT	TION (City, town,	ar county)		(State)
	REMOVAL (Specify)	5-10-5	8	Chu	reh (Peno Ten	1	Hu	me		1	leis	unis
23.	FUNERAL DIRECTOR'S	SIGNATURE	-	A ADDRESS		16	240. REC'E	BY REGIST	TRAR 24b. REGI	STRAR'S SIG	NATURE	1	
7	Marra	U & 11/2	2/1	2	11.7-	-115	DATE		1000	Letre			
	, 0-0-000	11/1	-	orol am	1000		DATE	3 3	0 100	1 -20			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4, O FUNERAL DIRECTOR. But this certificate has been signed by the attending physician and completely filled in by the fun page 3 shauld be detactred for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. spital ar attending physician. may be retained by the TO FUNERAL DIRECTOR

VS A15 (4) 15M 10/57

	CRITACI		
nionico le salvani		Managaran da Manag	
1709 'th Sures a		ing .norme fraction o	
Application and the House and House		of Elec	
. A C. Cur	instruction.c.		
stubs over the		Mary Brysle And	
numbered the brooms of record and water the brooms of records and the brooms of the brooms of the brooms and the brooms of the b	e.dcaladreom		
alastrater (Chr.)	reiso to acatito		
			5
to this constant is not the discussion of the constant of the	man in the file.	Will with a section	
Gd-C-1 - raving inplate and a		ALDINA NE	
included to exceptions induced the content of the c		words I Fredom Min	
The plant of the same and a second of the same and the sa	3301-82 (3 3		
Sections of the section of the secti	C1 N. 101. N	Jah. 1 3 au ros	

ALA DOME A SUPPLIED FOR A SECURE OF STATES A LABOR.

VS A15 (4) 15M 10/57

				1
4		-	ج	(
e E		5	3	1
ŏ	-	ě	701	1
-		9	0	
ċ				
ō	4		ô	
8		E	P	
_		4	3	
Ĕ		he	2	
O		-	2	
5		â	73	
ğ		2	č	
_		70	-	
Ä		ē	S	
_		臣	e	
=		>	Ö	
3		0	-	
0		- Se	S.	
9		E	e	4
2		0	0	+
×		0	-	à
0		5	ō	-
ă		-	5	-
9		ō	S	É
0		2,0	0	2
Ĕ		2	ó	8
-		d	E	ع
ŭ		0	=	7
Ξ		=	Se	c
0		č	9	4
ŏ		#	ā	. 5
e		0	5	+
1		h	ě	6
ā		-	_	À
=		۵	÷	/≥
S		∇	E	(8
		č	ě	Æ
6	-	S.S	-	=
2	ö	-	.5	č
3	Ü	9	Ö	
0	3	ف	÷	Q
U	d	0	0	ć
. An: the law requires that the death certificate be executed within 24 hours offer death. Fage 4	lending physician.	ficate has been signed by the attending physician and campletely filled in by the fun.	the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should of the with	E
-	- L	Ste	0	-
1	U.	. 5	he	Ö
-	9	-40	-	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5922 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

05895

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MONTE FOR FOR WARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside carporate limits, write RURAL) and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda,
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5504 OAKMONT AVE	d. street address 5504 Oakmont Ave. e. 1s residence on a farm? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) SARAH ELLEN K	AUFFMAN SEATH MAY 30 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED CAU WIDOWED DIVORCED	8. DATE OF BIRTH Apr. 15, 1875 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	In Birthplace (Stole or foreign country) Lehighton, Penna. 12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nathan Huntz	Lucey Walk
I Yes no or unknown! I fif was now was as dates of service!	Address ldred K. Billich Address Same as Item #2
Canditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MET
GR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part 1 or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while for at work of work	ACE OF INJURY (Home, form, 20f. (City or tawn) (Caunty) (State)
21. I certify that I attended the deceased from May alive on May 30, 19 50, and that death ACTUAL SIGNATURE PHYSICIAN'S RSBERT THIB ADET	30, 1958, to May 30, 1958, that I last saw the deceased occurred at 130 p. M., from the causes and on the date stated above. ADDRESS (Signet, city or town, state) DATE SIGNED M.D. 1009 CORD ST 5-30-1
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	r CREMATORY Carbon Co., Pa. (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY Bethesda,	Md. DATEIN 3 '58 CHILLEGUE'S

TO THE STATE OF A THE DESCRIPTION OF THE PROPERTY OF THE PROPE STANC TO STANISHESS OF SHATE ALL THE RESERVE OF THE PARTY OF THE PROPERTY. , AND THE RESERVE OF THE PARTY OF · · Land e la company de la u i l Yang think the Walletin

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Year

1958

(Stole)

(State)

AF SID SHE		HOLERCATE OF			
			100 L		
		The state of the s			
← 2					
	Small And				Callin
	p ·				
	problems in growing and description				
	ar and any				
	ellegen ser programme in den de la violancia di licinationi di la con-	books of the ball b			
				75 15 15	
		Belling to the second			
	TO A SHAREST OF THE AND IN	21/2 Table 1			

execute the certificate 4 should be forward TO FUNERAL DIRECTORS TO DEPUTY MEDICAL

V\$. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05897

	592	1				Reg. Dist. N	0.
1. PLACE OF DEATH a. COUNTY	ntgomery	MARYLAND	2. USUAL RESIDENCE (19 3	b. COUNT		
b. CITY OR TOWN (II	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		orote limits, write	RURAL ond give	nearest town)
and give nearest town	ver Spring	7 years	56 Silve	r Sprin	าฮ		
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in I		d. STREET ADDRESS			4 6	e. IS RESIDENCE ON A FARM?
	don Court, Apt.		'115 Croyd	1		# 0	YES NO 1
3. NAME OF DECEASED (Type or print)	ROBERT	Middle NELSON	KEELER	4. DATE OF DEATH	MAY	b Doy 3	Yeor 19 58
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER TYEAR	
male	white wipov	VED DIVORCED .	June 21, 190	8	49 yrs.	Months Doys	Hours Min.
10a. USUAL OCCUPATIOn during most of working Statistics	ng life, even if retired)	. KIND OF BUSINESS OR INDUSTI	New Londo			12. CITIZEN C	A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
NELSON B	. KEELER		MARY L.	BEANEY			
15. WAS DECEASED EV (Yes, no. or unknown) NO	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		thrine W. Ke	eler	115 Cr Silver	oydon Co	urt,Apt,# Maryland
Conditions, if e gave rise to immed (a), stating the couse last. PART II. OTH 20a. EXTERNAL CAL PRIMARY or CO CAUSE OF DEATH-	diate couse DUE TO	CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJU Hour a. m. p. m.	NTRIBUTING RY Month, Doy, Yeor 20 W of	hile Not while facto	CE OF INJURY (Home, for ory, street, office bldg., en	m, 20f. (City		(County)	(Stote)
	•	e remoins described aba I causes (X) . Accident (Worthart hart		Hamicide EXAMINER CAL EXAMINER	<u> </u>	Inquiry 2 rmined mann	
220. BURIAL, CREMATIC REMOVAL (Specify) CREMATION	MAY 6, 1958	22c. NAME OF CEMETERY OR FT. LINCOLN CR		PRINCE	ION (City, town, E GEORGE	or county) COUNTY,	(Stote) MD e
23. FUNERAL DIRECTOR		ADDRESS SILVER SPRING,	100	D BY REGISTI	0.	STRAR'S SIGNATU	JRE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

AND TOTAL STREET	HTAR	ATE OF E	S CEPTIFIC		
			Salaran Pra		
	- 51			37	
Morrow Sell, were book in the first of the con- cess of the control with the first or the con- trol control of the control of the control of the con- trol of the control of the control of the control of the con- trol of the control	4 4 mm 1 / / / / / / / / / / / / / / / / /				
	(1940) es				MANAGE OF
Company of the last	Mary College of the				

5926 CERTIFICATE OF DEATH

4	5.5	
96	9.₹	
0	ed -i-	
	7 =	
5		
de	2	
9	0 0	
d-	र स	
2	22	
0	e c	
4	D -	
2	= °	
1	9 60	
3	- a	
O	5 P	
45	E d 4	
ê	0 6 5	
9	2 5 7	
å		
0	9 8 6	
S	2 5 5	
ŧ	A E Of	
9	2 2 2	
÷	dir.	
Sec	i e e	
	0 = 3	
÷	e he	
tot	× 5	
5	nit.	
re	900	
5	00	
5	ion on	
3	sic bee	
-	shy ol-lo	
1	g b	
÷	T D D	
V	the o	
ũ	at and	
75	o se co	
T	Piss C	
0	tig to to	
Z	of de	
Z	\$ 5	
T	et O +	
4	30 P	
8	S. P. S.	
7	E C D	
Y	AL	
2	3 s	
0	N S S	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained by the population attending physician. TO FUNERAL DIRECTOR the this certificate has been signed by the attending physician and completely filled in by the function page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.	
0	-0 -	
	The Later	

								Kag. Disi	. 110.	
1. PLACE OF DEATH	Montgomery		MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE Maryland		lived. If instituti b, COUNTY		e before on	
RURAL ond giv	N (If outside corporate limite nearest town) Sethesda	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If of Chevy Chase	ulside corpor	ote limits, write R	URAL ond gi	ve nearest	tawn)
d. NAME OF HO OR INSTITUTION	Suburban F				d. STREET ADDRESS 4602 Merival	Le Roa	d /		C	RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print)	fir Eliza		Middle Whit		tost Kilcoin	4. DATE OF DEATH	May	nth	Doy 13	Year 19 58
s. sex Female		7. MARE	NEVER MARR		B. DATE OF BIRTH January 6, 19	901	9. AGE (In years lost birthday) 57 yrs.			JNDER 24 HRS.
during most of Homen	vorking life, even if retired	done 10b.	KIND OF BUSINESS (OR INDU:	Washington				S.A.	HAT COUNTR
13. FATHER'S NAME					14. MOTHER'S MAIDEN N					
Charl			ite		Anna Mach	nagan				
15. WAS DECEASED (Yes, no or unknown)	EVER IN U. S. ARMED FOR	CES? 16.	none		NFORMANT Lliam Kilcoin	(Husb				ase, Md Road
PART 1. 1 LICA X Conditions, i gove rise to couse (o), stoti lying cause to	ng the <u>under-</u> DUE TO	Aur Rhe	monary emb icular ape	olis ndag rt d	e thrombosis				day	S.
STATE ACCIDENT	WAS UNDERLYING []				NOT RELATED TO THE TERMIN			VEN IN PART	PI	VAS AUTOPSY ERFORMED?
O (IF EITHER, NOT 20c. TIME OF IN Hour o.	10	While of wor	72	20e. PL	ACE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (City	10 00		ounty)	(Stole)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	FRANK G	195 Jeg	-C)	death	accurred of	WISC C	the causes of the city or town, on NSIN	and on the		
220. BURIAL, GREND REMOVAE (Spec		0F 758	22c NAME OF CEN	TETERY O		-4	ION (City, town,	ar county)		(Stote)
23. FUNERAL DIRECT		mo/	ADDRESS 75% Paralle	Ny	U. DC DATEMA	BY REGISTI		STRAC'S SIG	2 2 - 1	

11,30	SEALTH BALTIMO	DEPARTMENT OF	MARYLAND STATE	
	DEATH	CERTIFICATE OF		
			, 15 40	
	EMILA 10 CHUARA	4.18 10 213		
	The year and the			
	104 PER 12			
The state of the s				
				or production (Production)
		in the first of the control of the c		
	and control left is process.			
hell (max)				
	on the second		in the post of the	eno) tentrapina Las
				S Phomas
		Haberto at immorase		

H

50

05000

			59	27 CERTI	FIC/	ATE OF DEATH			Reg. D	ist. No		UU
	PLACE OF DEATH a. COUNTY	fontgomery		MARY	CLAND	2. USUAL RESIDENCE (Who o. STATE Pennsylvan		d lived. If institution b. COUNTY	an: Reside	nce befa	re admis	sion)
	b. CITY OR TOWN (If RURAL and give ne	outside carporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ou	ulside corpo	role limits, write R	URAL and	give ne	prest low	n) .
	Bethesda			108 da	vs	Scranton		75	X - 3	3		
	OR INSTITUTION	AL (If not in hospital, g		address)		d. street address 3258 Greet	nwood					SIDENCE FARM?
	NAME OF DECEASED (Type or print)	Fir B ar		Middle Irene		Lost Klimowski	4. DATE OF DEATH	Mon Ma		3	0	Year 19 58
5.	SEX	6. COLOR OR RACE	7. MARR	IED IN NEVER MARRI	ED 🔲	B. DATE OF BIRTH		9. AGE (In years	IF UNDE		IF UND	ER 24 HR
	Female	White	WIDOW	DIVORCE	0	February 9.	1936	lost birthday) 22 yrs.	Manths	Days	Hours	Min.
10c	USUAL OCCUPATION during most of work Housewif	ing life, even if retired)	lane 10b.	None	OR INDU	STRY 11. BIRTHPLACE (Stole of	or foreign c		12. CI	-	F WHAT	COUNT
13.	FATHER'S NAME			310220		14. MOTHER'S MAIDEN N				- ac	Taiterra	y
		Wiersing				Werner						
15. IYe	NO NO	R IN U. S. ARMED FOR If yes, give wor or dotes of se	CES? 16.	SOCIAL SECURITY NO		NFORMANT The Medi The Clinical (h. M	arvl	and
		TH [Enler only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		espiratory]					INT	ERVAL BE	DEATH
	Canditians, if ar gave rise to in cause (a), stating t lying cause last.	ny, which (b)		noriocarcin	noma						1 y	r.
CERTIFICATION		ER SIGNIFICANT CON	DITIONS C			NOT RELATED TO THE TERMIN			EN IN PA	RT 1(a) 1	9. WAS PERFO YES	DRMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY O	CCURRE	D. (Enter nature af injury in Po	art I ar Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yea	While	Not while at work		ACE OF INJURY (Hame, farm, clary, street, office bldg., etc.)		or town)		(County)		(Slote

TO FUNERAL DIRECT

the registrar priar to burial, VS A15 (4) 15M 10/57

220. BURIAL, CREMATION, BULLIAL (Specify) 6/3/58

ACTUAL

PHYSICIAN'S NAME (Type)

St. Marys

National Institutes of Health

and that death accurred at 5:30 PM, from the causes and an the date stated above.

ADDRESS (Street, city or lown, state)

DATE SIGNED

The Clinical Center

Bethesda 14, Maryland

22d. LOCATION (City, town, or county)

May 30 , 19 58 , that I last saw the deceased

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey-Bethesda, Maryland

22b. DATE THEREOF

21. I certify that I attended the deceased from February 111958, to

Bernard Weinstein, M. D.

Greenwood, Pennsylvania

BY REGISTRAR 246. REGISTRAR'S SIGNATURE

		Fauture T. Th.		
	Akuayi esticik	Collary and I		
		A THE ROLL OF		
	egnova hog muset. St.	.18 in abcombot		
300	TORK THE PROPERTY OF	0.82		
	Water William Co.		1 Carvo by Carvo	
				THE INDI
			and residue	
Cores Color	Config , Syny Listed &			
		ask secological		
	nder de var en de	CHURCH Completed Street		
	is desugired Lancidati			
		St. Mary S	88/6/8	ים ורי
1 11 11 -	,	The state of the s		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5928 CERTIFICATE OF DEATH

05901

1		UJZO CERTIFICA	AIL OI DEAIII	Reg. Dist. No.				
	1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased live a. STATE Marvland	ed. If institution: Residence before odmission) b. COUNTY Montgomery				
4	 b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town) 	ts, write c. LENGTH OF STAY IN 16		limits, write RURAL and give nearest town) tonsville				
I	d. NAME OF HOSPITAL (If not in hospital, gi	jive street address)	d. STREET ADDRESS	e. IS RESIDENCE				
	Montgomery County Ger	neral Hospital, Ind	. Santini	Rd. YES □ NO XX				
	3. NAME OF Fire DECEASED (Type or print) Harla		Lost 4. DATE OF DEATH	May 17 19 58				
	Male White	WIDOWED DIVORCED	June 18, 1883	GE (In years of the part of th				
	10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) retired architect	dane 10b. KIND OF BUSINESS OR INDU: Building	STRY 11. BIRTHPLACE (State or foreign country Vermont	12. CITIZEN OF WHAT COUNTRY U. S. A.				
	30. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
1	Leon Knox		Louine					
	15. WAS DECEASED EVER IN U. S. ARMED FORG (Yes, no, or unknown) If yes, give wor or doles of se	217-09-7077	Hospital Reco	Address				
	18. CAUSE OF DEATH [Enter only one couse per line for (q), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH							
	Conditions, if any, which gave rise to immediate cause (o), stating the under: DUE TO	arterio - 6	Tallrosis	Gras				
	In the significant conditions In the significant condition							
	OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Part II a	f item 18.)				
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st. 19 While at work at work at work 19 the foctory, street, office bldg., etc.)							
	21. I certify that I attended the deceased from 1900, to 1900, that I last saw the deceased alive on 1900, and that death accurred at 1900, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED							
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) J. W.	Bird, M. D.	Sandy Spring, M.	aryland				
	220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 5/2 1/58			(City, town, or county) (State)				
	23, FUNERAL DIRECTOR'S SIGNATURE	LULY STIVER SPRING	24a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the daspital or attending physician.

TO FUNERAL DIRECTOR for this certificate has been signed by the attending physician and completely filled in by the fundal directors page 3 should be detacked far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be the registrar prior to burial, cremotion, ar removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/55

ACON CODA Service of the control of	18301	BE AND MITTING - HTZO IN TO THE	untrattu state unautram	
ACTO COLOR STATE OF THE STATE O		ITTARG TO ST	ADMITTED PROBLEM	
THE RESIDENCE OF THE PROPERTY			allutovas	
The Line of the control of the contr				
THE RESERVE OF THE PROPERTY OF				
A S O SECURED TO THE SECURE OF				0.022330000
ACTION NOT TO A STATE OF THE PROPERTY OF THE P			done done 1	
TOTAL STATE THE STATE OF THE ST		Jacanow Western		
The state of the s				Hemman
			Carlo Care	
The second secon				
The second secon		the miss of set 1 At May be seen as a set of the set of	rillipadi etali etho	A CLA SO SWIND IN THE SECOND I
Company of the property of the control of the contr				
		· Control ·	All Section Accounts	SANSON PRODUCTION INCOME.

VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMEN	NT OF	HEALTH	-BALTIMORE	, 18

05902

5929 CERTIFICATE OF DE	ATI
------------------------	-----

Reg. Dist. No.

I a. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY							
Montgomery	Maryland Montgomery							
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
RURAL and give nearest town) Olnev 9 days	X n t							
d. NAME OF HOSPITAL (If not in hospital, give street address)	Burtonsville d. STREET ADDRESS e. IS RESIDENCE							
OR INSTITUTION	ON A FARM?							
Montgomery County General Hospital, Ind.	Santini koad Yes No							
3. NAME OF First Middle	Last 4. DATE Month Day Year							
DECEASED (Type or print)	OF							
TVY HILLON	May 19 17 58							
MAKKED LI HETEK MISKKED LI	PATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.							
Female White WIDOWED DIVORCED	7/21/98 59 yrs.							
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND @F:BUSINESS OF INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY							
Bench worker - Assembly Line Dynacor, Inc								
	1 VIETINE U.S. A.							
IJ. FAIRER 3 NAME	4. MOTHER'S MAIDEN NAME							
John Davis	Maude Hampton HAYWARD							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	PMANT Address							
NO (If yes, give wor or dates of service) 225-12-3002	Juny Know 2914 Idlewood Ave.							
	Bane Richard, va.							
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH								
PART I. DEATH WAS CAUSED BY: Gran Salerlea Maran Hant Orgset AND DEATH								
420.0 DUE TO								
E The Do By								
gave rise to immediate (b) Calking telephone								
couse (a), stoting the under-								
lying couse lost. (c)								
PERFORMED?								
	YES NO							
<u> </u>	TES NO							
200. ACCIDENT WAS UNDERLYING DOWN TO CONTRIBUTION OF CAUSE OF DEATH	Enter nature of injury in Part I or Part II of item 18.)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	Enter nature of injury in Part I or Part II of item 18.) OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40 Factory While at work of work 4	OF INJURY (Home, farm, , street, office bldg., etc.) OF INJURY (Home, farm, , street, office bldg., etc.)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jt. p. m. 19 While Not while factory at work 10 twork 12. I certify that I attended the deceased from.	OF INJURY (Home, farm, 20f. (City or Iown) (County) (State) , street, office bldg., etc.)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jt. p. m. 19 While Not while factory at work 10 twork 12. I certify that I attended the deceased from.	OF INJURY (Home, farm, street, office bldg., etc.)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work 19 work 19 at work 21. I certify that I attended the deceased from 19, and that death oc	OF INJURY (Home, farm, 20f. (City or town) (County) (State), street, office bldg., etc.) 20f. (City or town) , 19.55, to 9.55, that 1 last saw the decease courred at 7.355 GM, from the causes and on the date stated above							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work 19 at	OF INJURY (Home, farm, 20f. (City or lown) (County) (State) , street, office bldg., etc.) 19							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work 19 work 19 at work 21. I certify that I attended the deceased from 19, and that death oc	OF INJURY (Home, farm, 20f. (City or lown) (County) (State) , street, office bldg., etc.) 19							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work of work 21. I certify that I attended the deceased from alive on 19 , 19 , and that death oc ACTUAL SIGNATURE M.D. PHYSICIAN'S	OF INJURY (Home, farm, 20f. (City or lown) (County) (State) , street, office bldg., etc.) 19.55. to 9.79., 19.55., that 1 last saw the deceased coursed at 7.35 GM, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work of work 21. I certify that I attended the deceased from alive on 19 , 19 , and that death oc ACTUAL SIGNATURE M.D. PHYSICIAN'S NAME (Type) J W Bird M D	OF INJURY (Home, farm, 20f. (City or lown) (County) (State) , street, office bldg., etc.) 19.55, to 19.55, to 19.55, that I last saw the deceased coursed at 7.35 GM, from the causes and on the date stated above ADDRESS (Street, city or town, stote) Sandy Spring, Maryland							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work of work of work at work of work of work at work of w	OF INJURY (Home, farm, 20f. (City or town) (County) (State) The first state of injury in Part I or Part II of item 18.) OF INJURY (Home, farm, 20f. (City or town) (County) (State) The first state of the date state of above and on the date state of above and on the date state of above and on the date state of above and an arrangement of the first state of the first stat							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not white at work 19 work 19 work 19 work 19 work 19 work 19 at work 19 work 1	OF INJURY (Home, farm, 20f. (City or lown) (County) (State) That to 19, 19, that I last saw the deceased coursed at 250 GM, from the causes and on the date stated above ADDRESS (Street, city or lown, state) Sandy Spring, Maryland REMATORY 22d. LOCATION (City, town, or county) (State)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while factory at work 19 at wor	OF INJURY (Home, farm, 20f. (City or town) (County) (State) The first state of injury in Part I or Part II of item 18.) OF INJURY (Home, farm, 20f. (City or town) (County) (State) The first state of the date state of above and on the date state of above appares (Street, city or town, state) Sandy Spring Maryland REMATORY 22d. LOCATION (City, town, or county) (State)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while factory at work 19 at wor	OF INJURY (Home, farm, 20f. (City or town) OF INJURY (Home, 20f. (City or t							

	ALL DESIGNATION OF THE PROPERTY OF THE PROPERT
	non- In the Court Late and Late of Court and the
	Services and the services of t
	The second of th
• •	
	with the same of the same of the same of
	Top D. J. J. Son Land J. D. Land J. Community of the Comm
	THE PROPERTY OF THE PROPERTY O
	TO THE OWN DESCRIPTION OF THE PROPERTY OF THE
1. 1.	
The many	The state of the s
003.784	Principal and the Company of the Com
Brancher (Selection of	
	TOUGH AND CONTROL OF THE STAND SPECIAL CONTROL OF THE SPECIAL CONTROL OF THE STAND SPECIAL CONTROL OF THE SPECIA

with	1
Filed	1
2 should a	
oud	
Pages	
pers.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5930 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

		- 11	5	9	n	R
Reg.	Dist.	No.	U	v	v	U

1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence o. STAJE b. COUNTY Mont	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give reporest lawn) Bethesda	c. CITY OR TOWN (If autside corporate limits, write RURAL and give X Kensington	ve nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Suburban	/d. STREET ADDRESS 4619 Saul Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DORALD G. Donald G.	Last 4. DATE Manth OF DEATH May	Day Year 23 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRIBLE OF BUSINESS OR INDU	LUVOMING	LAS A
13. FATHER'S NAME GEORGE KONACIO	May SMITH.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic Failure DUE TO		INTERVAL BETWEEN ONSET AND DEATH
	onchus, upper lobe, right lung	Unknown Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH		PERFORMED? YES NO
	D. (Enter nature of injury in Part I ar Part II af item 18.)	
	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Cactory, street, affice bldg., etc.)	unity) (Stote)
21. I certify that I attended the deceased fram april 1 alive an may 22 , 1958, and that death ACTUAL SIGNATURE OR Joseph Kennich PHYSICIAN'S NAME (Type) DR, JOSEPH KEWRICK	accurred at 8:30 HM, from the causes and an the ADDRESS (Street, city ar town, stole) M.D. 6450 Wisconsin One, Betthesda	ist saw the deceased e date stated above DATE SIGNED Md. 5/23/3
Burial (Specify) 5/26/58 Cate of Hea		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey-Bethesda, Maryla	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	

VS A15 (4) 15M 9/55

C VC. D D D

booset . Pumphrey-Buthusde, Caryland

bilver spring, Januarich

VS A15 (4) 15M 9/55 00

I

ARTERIO STATE DEI ARTIMENT OF TEATINIONE, TO	ARYLAND	STATE DEPARTMENT	OF HEALTH-BAL	TIMORE, 18
--	---------	------------------	---------------	------------

5931 CERTIFICATE OF DEATH

N

05904

Rea. Dist. No.

1. F	county Montgomery Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery			
	RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring			
	OP INSTITUTION	d. STREET ADDRESS 9809 Oilston Road e. IS RESIDENCE ON A FARM? YES NO DE			
	DECEASED	Kroger 4. DATE Month Day Year OF DEATH May 10 1958			
	THE THE PARTY OF T	B. DATE OF BIRTH JULY 27, 1879 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.			
10a.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plote Printer U. S., Gout,	Brooklyn, N. York. 12. CITIZEN OF WHAT COUNTRY?			
13.	Benjamin Joseph Kroger.	Jane Ryon			
15. (Yes	no or unknown) . (If was miss use or dates of samiles)	MFORMANT illiam M. Kroger 13336 history Huntington words, Michigan			
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	INTERVAL BETWEEN			
NO	Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY			
IFICATION	Arterio scieratic Cordiova. 20a. Accident was underlying 20b. Describe HOW INJURY OCCURRE	Scular Disease PERFORMED? YES NO D. (Enter nature of injury in Part I or Part II of item 18.)			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE OF INTERVALLED CO.			
MEDIC		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)			
	alive an 14 ag 10 , 1958 A, and that death	accurred at 10:40 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. 6216 NH (And NH)			
	PHYSICIAN'S William T. Simpson, JR.	hashington 11 LC.			
T	REMOVAL (Specify) 5/13/1958 Mt. Olivet	Cemetery Washington, D. C.			
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS AND Was 1. W	Bh.DC DATE ANY 1 A 158			
	WEDICAL CERTIFICATION 3.3. 1 1000 13. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12	b. CITY OR TOWN (If outside corporote limits, write BURAL and give neocest lown) J. Years, d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION 3. NAME OF DECASED (If pe or print) S. SEX 6. COLOR OR RACE MIDOWED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 113. FATHER'S NAME Benjamin Joseph Kroger. 114. WAS DECEASED EVER IN U. S. ARMED FORCES? 115. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o). Conditions, if ony, which gove rise to immediate couse (o), stoling the underlyon couse lost. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 120. CIMBE OF INJURY Month, Doy, Yeor Add. INJURY OCCURRED ON COUNTY (IF EITHER, NOTIFY MEDICAL EXAMINER) 121. I certify that I attended the deceased from Catable alive an Magain Cause of DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 122. I certify that I attended the deceased from Catable alive an Magain Cause of DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 123. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 124. CAUSE OF CEMETERY OR REMOVAL (Specify) 125. DATE THEREOF 126. NAME OF CEMETERY OR REMOVAL (Specify) 127. I we that I attended the deceased from Catable Cause of one of working of the office of the county of the cou			

The state of the s A CONTRACTOR OF THE PARTY OF TH A SECURIO DE LA COMPANSIONE DEL COMPANSIONE DE LA COMPANSIONE DEL COMPANSIONE DE LA INTERNAL ENVIRONMENT OF THE PROPERTY OF THE PARTY OF THE The state of the s

Corinne Cooper, M. D.

M. R. Etchison & Son, Frederick, Maryland

22c. NAME OF CEMETERY OR CREMATO

Mount Olivet Cemet

ADDRESS

22b. DATE THEREOF

5-19-58

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION,

23. FUNERAL DIRECTOR'S SIGNATURE

05905

e, IS RESIDENCE ON A FARM

Day

IF UNDER 1 YEAR IF UNDER 24 HPS

USA

12. CITIZEN OF WHAT COUNTRY?

YES NO P

Reg. Dist. No

LICE Date	on			
a may	Emith	Address 100	charle	e md
			INTERVA	AL BETWEEN
f St	smac	h	107	months
,	NAL DISEASE CON		P	VAS AUTOPSY ERFORMED?
ature of injury in (Part I ar Part II af	item 18.)		
JURY (Home, farm t, affice bldg., etc	, 20f. (City or to	wn)	(County)	(Stote)
57, to 5			at I last saw	
	ADDRESS (Street, o	ity or town, state)	DATE SIGNED
Rocke	rele,	Mary		76-38
ery	27d. LOCATION (ck, Mary		(State)
	D BY REGISTRAR AY 2 0 '58	1 1 2 /	educh	

VS A15 (4) 15M 9/55

the contraction of the contracti	
	The state of the s
	A feetile or Feetil and
	WE NOTH THAT LAN
	where the property of the prop
10 mind #5 min	
es and in the second section of the sect	
	Design Torigue Copport, F. D.

G PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page

s certificate has been signed by the ottending physician ond campletely filled in by the fund so certificate has been signed by the ottending physician ond campletely filled in by the fundase sees the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should assess the burial-transit permit.

may be retained by the pital ar attending physician.

TO FUNERAL DIRECTOR:

To this certificate has been significate by the page 3 should be detached for use as the burial-transity. the registrar prior ta burial, crematian, or removal,

VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTEND

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5932

CERTIFICATE OF DEATH

									Kaß. DIST.	140	
1. PLACE OF DEATH o. COUNTY Montge	omerv		MAR	rLAND	2. USUAL RESIDEN		sed lived. b.	COUNTY			mission)
b. CITY OR TOWN (o Heights	s, write	c. LENGTH OF STAY	IN 1b		ovn (If outside cor Ccho Hei		Mor s, write RUI	tgom AL and give	ery e nedřest i	lown)
	AL (If not in hospital, g WISCASSE	0	ddress)		6505 U		ET	RD.		01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	CHARLES		B. Middle	LA	WRENCE	Sr JEAT		Month		Doy 27	Yeor 19 5 8
Male Male	6. COLOR OR RACE White	WIDOWED	DIVORCE	D K	Nov. 15, 1	882	75			YEAR IF U	NDER 24 HR urs Min.
Bus. Mgr.	ON (Give kind of work of king life, even if refired) Salesman R	et.	OF BUSINESS C	OR INDUS	Ontario	(Stote or foreign	country)		US		HAT COUNT
13. FATHER'S NAME					14. MOTHER'S MA				Here		
James L						known					
No	(If yes, give war or dates of se	Ur	nknown	Ch	arles B. I	Lawrenc	e, Jr	San		m #2	2
	mmediate (~	perteusi	vas	cular o	eccide derotic	ut vasce	elard		ONSET A	L BETWEEN ND DEATH
200 ACCIDENT WA	der SIGNIFICANT CONE	ne.	cardiois	seu	NOT RELATED TO THE	. Arterio	scloro	sis obt	IN PART 11	PEI	AS AUTOPS) RFORMED?
G (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Yea	r 20d, INJ While of work	URY OCCURRED Not while of work	20e. PLA	CE OF INJURY (Homory, street, office bld	e, form, 20f. (Ci	ity or town)		(Cou	inty)	(Stote
21. I certify the alive an	ot I attended the try 26 H.L. R.	195°		death	1987, to accurred at 9:		om the c	auses and ar town, sta	d on the	t saw the date st	ne decease ated aba DATE SIGN 25/5-8
220. BURIAL, CREMATIO Bur-transi			22c. NAME OF CEMP Pinehill	ETERY OR	CREMATORY		ation (Cir stfiel	y, lown, or o	county) Mass		setts
23. FUNERAL DIRECTOR Robert A. 1		7557	Wis. Ave.	Bet	hesda, Md	REC'D BY REGI		46. REGISTA	1	ATURE	

STATE OF THE SALE OF	CERTIFICATE OF DEATH	
vian soutroli		i i
	n 10 no 10	estand order tells
	Telephone (Sec.)	
	E LAVKENCE Sp. olas	CHARLES ATTAC
	7. Vos	manufacture sign
	nanc, Canada	is. Mar. salesman es.
		Johan Will Earling
- Same Irem of	cwa Carles C. avrease, Jr.	
	talkase e arba san barela	

VS A15 (4) 15M 9/55 00

	5933 CERTIF	ICATE OF DEATH	Rea	. Dist. No. 05907
n. PLACE OF DEATH, OCCUPITY Montgomery	MARYL	O STATE	re deceased lived. If institution, Re b. COUNTY	
b. CITY OR TOWN (If outside corpore RURAL and give nearest lawn) RURAL Etchison	c. LENGTH OF STAY IN		tside carporote limits, write RURAL	and give nearest town)
d. NAME OF HOSPITAL (If not in hos OR INSTITUTION	pital, give street address)	Rt. #2 Gait	hersburg. Md.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Josep]	First Middle		4. DATE Month OF DEATH MAY	Day Year 10 19 58
Male 6. COLOR OR White	RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	A 71 10	last hirthday) Man	IDER 1 YEAR IF UNDER 24 HRS. This Days Haurs Min.
a. USUAL OCCUPATION (Give kind of during most of working life, even if Retired Farme)	wark done 10b. KIND OF BUSINESS OR retired) Farm	Howard (. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME Charles Edward . WAS DECEASED EVER IN U. S. ARME	d Lechlider	14. MOTHER'S MAIDEN NA Ame 1 18	Ann Johnson Address	
(If yes, give wor or d	notes of service) None ane cause per line for (o), (b), and (c).		childer, Gaith	ersburg, Md.
PART I. DEATH WAS CAUSE IMMEDIATE CA		IN HEART - ED ARTERIOS WARY EM	TPILLIPE WEROSIS BOLUS	20 YEARS ONE HOUR
0	T CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Da Haur o. m. p. m.		Oe. PLACE OF INJURY (Home, farm, factory, streel, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended alive on Approximation Actual Signature Physician's Dr. Gorname (Type)	- 1	M.D. Gaithers		
Burial, CREMATION, 226. DATE 1 Burial May	THEREOF 22c. NAME OF CEMET	ery or crematory sville Meth.	2d. LOCATION (City, town, or countary tonsville	.,,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2" 10 0 11	tred bns			V.C.	monan (1
	noeldeda				of the Control
	. El professor, El	SE JA			
	VALUE OF THE PARTY	meh Elifoni	Raduk	nanale.	
		¢ X		-Vid+	
	de county, se.		men's	Partmer	neriros.
	goshnol nna al	LIBITA PARETON TITO	mal : 1 d	er browns a	althem)
ell mendens	intid, mentioned	Ares . The	eney.		0.00
214 2/40 214 2/40	2 \(\delta \) = \(\delta \) \(
21/2 P	eyer or the second				
100 H	eyer or the second			et no la fraid	
				at no la company	
					Total Control of the
				at no Art and a second and a se	Total Control
				area (area)	Total Control

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, ting the word "pending" is pending is lem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you say.

TO FUNERAL DIRECTOR: Page 3 should be used as a byrial-transit permit. File pages 1 and 2 with the State Bagad on allth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. H

5M 2/57

VS. A15ME

OR STATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Disl. No. 05908

	1	COUNTY COUNTY CONTROME	ry	993	4	MARYLAND	2. USUAL RESIDENCE O. ST Maryl		sed lived. If institution b. COUN	TY .			ission)
	b	o. CITY OR TOWN (If and give nearest town) Bethesda	aulside corparate lim	ils, write RURAL	c. LENGTH	OF STAY IN 16	c. CITY OR TOWN	(If outside cor	porote limits, write	Alontge RURAL onc	give n	earest lo	wn)
)	d	. NAME OF HOSPITA	albert R		hospital, give stre	eet oddress)	A Bethese 6528 E.	S	rt Road			ON	ESIDENCE A FARM? NO 1
		NAME OF DECEASED (Type or print)	JOHN	First D		Aiddle EE	Lost	4. DATE OF DEATH	May 4		Doy		ear 9 58
	5. S M	ale	6. COLOR OR White	RACE 7. MAR	RRIED NEVER	-	Date of Birth	915	9. AGE (In years fost birthday) 42 yrs.	Manths	DEY3		ER 24 HRS. Min.
	d	. USUAL OCCUPATION of working Mechanic	g life, even if ret	ired)	. KIND OF BUSI		Washing				JSA	F WHAT	COUNTRY?
		FATHER'S NAME					14. MOTHER'S MAIDE	N NAME					
	-		Lee				Nettie Ha	11					
	1You	WAS DECEASED EVI	ER IN U. S. ARME (If yes, give wor or d WW 1	ates of service)	578-14		Catherine	Lee-It	em# 2	1			
		420./ Conditions, if or	TH WAS CAUSED IMMEDIATE CAU DU ny. which	BY: C		od (c).] Occlus	ion				ONSE	TAND DEA	VTH
1	TION	gave rise to immed (a), stoling the couse fost.	anderlying DU	(c)CONDITIONS	CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GI	VEN IN PAR		PERFO	RMED?
	CERTIFICATION	20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	JSE WAS NTRIBUTING []	20b. DESCI	RIBE HOW INJUR	Y OCCURRED. (E	nter noture of injury in	Part t or Fart II	of ilem 18.)			YES 🗌	№ 🔀
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Do	W	d. INJURY OCCU	hilefact	CE OF INJURY (Home, fory, street, office bldg.,	arm, 20f. (Cit etc.)	y or town)	(Cou	inty)		(State)
		21. I certify the opinion death					ve, held an Auto , Suicide,	- Incad	nspection 🔀	, Inquir	'		d in my
L		ACTUAL SIGNATURE EXAMINER'S FINAME (Type)	rank of.	Brose	ehart	*	_M.D. CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL	DICAL EXAMINI	ER 🔲		5/4	DATE S	IGNED
	23.	Burial (REMATIO REMOVAL (Specify) Burial FUNERAL DIRECTOR Robert A	5/7/	58		100000	Cemetery	Ar REGIS	TION (City, town, lington TRAR 246, REG		gir		*)

back trading of \$200

Allenderen, mineral

- Hell and by

Salmeria Ecc-Romes (A)

276-14-5512

Street, and all the rest of the street, th

Company of the Market Class of the Company of the C

VS. A15ME(5) 5M 9/55

and

M

MARYLAND STA	ATE DEPARTMEN	NT OF HEALTH-	-BALTIMORE,	18
		CERTIFICATE	OF DEATH	Re
5935		2 USUAL PESIDENCE (When	e deceased lived. If Instit	lution, 1

1	1	15	9	1)	Q	
1	1	U	J	V	1	

	E00F			Reg. D	ist. No.
1. PLACE OF DEATH	9935		2. USUAL RESIDENCE (Where deci		ence before admission)
0. COUNT	Montgomery	MARYLAND	a. STATE D.C.	b. COUNTY	
b. CITY OR TOWN and give nearest for	(If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside o	orporate limits, write RURAL and	d give nearest town)
	Bethesda	24 hours	Washington	47x-	.3
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in ho	spitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARMA.
	Suburban Hosp	ital	619 K Street,	S.W.	YES NO
3. NAME OF DECEASED	First	Middle	Last 4. DATE	Month	Day Yeor
(Type or print)	George	0	Leonard, Jr. DEAT	May	15 19 58
5. SEX	6. COLOR OR RACE 7. MARR	ED NEVER MARRIED B	DATE OF BIRTH	9. AGE In years IF UNDER	
Male	White WIDOWE	DIVORCED	November 27,1939	18 yrs. Months	Days Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign	country) 12. CIT	ZEN OF WHAT COUNTRY
during most of work	ang me, even it remed)		Washington, I).C. U	.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
	George Leonar	rd	Florence Hawl	cins	
	VER IN U. S. ARMED FORCES? 16.		NFORMANT	Address	
(Yes, no, or unknown)	[If yes, give war or dates of service]	F1	orence Leonard, (Mother) Same	as above
18. CAUSE OF DE	ATH Enter only one cause per line			,	INTERVAL BETWEEN
	ATM MAE CAMEED BY		M.A.		ONSET AND DEATH
005	IMMEDIATE CAUSE (6) Res	spiratory railu	T.6		Few minute
	00110	amadd an a badh	A	3 3 - 64 64-3	00 h
Conditions, if	ediote couse	erations both	temporal lobes ar		28 hours
(o), stoting the	COV	tre coup head	contusion.	lobe.	
	14/		OT RELATED TO THE TERMINAL DISEA	ASE CONDITION CIVEN IN BAR	T 1/-1/10 WAS AUTORSY
ICATIC	THE SOUTH CONDITIONS C	SHIRIDBIING TO DEATH BUT I	TO RELATED TO THE TERMINALDISE	ASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
20g. EXTERNAL CAPRIMARY La or CO	AUSE WAS DITRIBUTING 20b. DESCRIB	E HOW INJURY OCCURRED. (E	inter nature of injury in Port I or Port	II of item 18.)	
	Yaviu	ugu enva	least in aut	acreling	
20c. TIME OF INJU	URY Month, Day, Year 20d.		CE OF INJURY (Home, form, 20f. (Cory, street, office bldg., etc.)	ity or town) (Co	unty) (Stote)
7:25° p. m		THO WIND	theray !	len beto 1	unity mos
21. I certify	that I took charge of the	remains described abo	ve, held an Autopsy 📆,	Inspection , Inquir	ry \ and find the
death resulte	d from: Natural causes [, Accident , Sui	cide, Homicide,	Undetermined cause	j
ACTUAL SIGNATURE	trans & Bro	schart	M.D. CHIEF MEDICAL EXAMINER	and a	DATE SIGNED
EXAMINER'S NAME (Type)	FLACKTI	Bhosenzat	ASSISTANT MEDICAL EXAMINE DEPUTY MEDICAL EXAMINER	VER - 5-11	6-18
220. BURIAL, CREMATI	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		ATION (City, town, or county)	(Stote)
REMOVAL (Specify	May 20, 1958	Mt. Olivet Ce	metery Was	hington, D.C.	,
23. FUNERAL DIRECTO		ADDRESS	24a. REC'D BY REGI	STRAR 246. REGISTRAR'S SIG	GNATURE
Rinaldi H	Suneral Home, Inc	. Washington,	DC DATE AY 21 '	58 Cleden	9

removed PS Lotson that pur cond lessons	itel roterional services	
The state of the s	terrapio erranti	140.24
		- ACM
		P. Park
	Controller of the control of	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5936 CERTIFICATE OF DEA	ITA
-------------------------	-----

		936	CERTI	FICA'	TE OF DEATH	1		Reg. Dist	. No.	05910
1. PLACE OF DEATH COUNTY Montgome			MARY		USUAL RESIDENCE (Wh Maryland	ere decease	d lived. If institution to Montg	n: Residence		dmission)
b. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corpo			ve nearest	fown)
Bethesda			23 days		Silver Spri	ing	56			
d. NAME OF HOSP	ITAL (If not in haspital, g	ive street			d. STREET ADDRESS		1		e. I	S RESIDENCE
The Clin	ical Center	Bet	hesda lli.	Md.	2100 Hildan	ose D	rive			ON A FARM?
3. NAME OF	Fit		Middle	1	Last	4. DATE	Mon	6	Day	Yeor
(Type or print)	Ral	ph	Joseph	e)	Lopez. Jr.	OF DEATH	Mag		10,	1958
5. SEX	6. COLOR OR RACE		IED NEVER MARRIE		DATE OF BIRTH					UNDER 24 HRS.
Male	White	WIDOWE		_	June 3, 193	27	lost birthday)			ours Min.
		1	_		Y 11. BIRTHPLACE (Stote			12 CITIZ	EN OF W	VHAT COUNTRY?
Radio An	orking life, even it refired)	Radio	K III O JII	Virginia	or idreight c	John 7 7		S.	
13. FATHER'S NAME	nouncer		raulo		14. MOTHER'S MAIDEN N	IA AAC		0.	D	r. •
	nae Cm									
Ralph Lo	ER IN U. S. ARMED FOR	ceco la	OCIAL SECTIONS AND	117 1015	Ella Bishor					
(Yes. no. or unknown)	(If yes, give war ar dates of s		SOCIAL SECURITY NO.		ormantThe Medi				200	
No			214-30-023		e Clinical C	enter	, Betheso	1a 14,	Mar	yLand
	ATH [Enter only one co								INTERV	AL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Res	piratory I	nsufi	iciency				2	Months
201X	DUE TO									
Canditions, if		Hoc	lgkin's dis	ease					2	Years
gove rise to couse (o), stoting	immediate (M			
lying cause lost)				- 350				
PART II. O'			ONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. V	VAS AUTOPSY
EV.										ERFORMED?
PART 11. O' O	AS UNDERLYING	20b. DESC	RIBE HOW INJURY OF	CURRED.	(Enter nature of injury in P	ort I or Pari	t II of item 1B.)			
(IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)									
3 20c. TIME OF INJU	IRY Month, Day, Ye	or 20d. IN	JURY OCCURRED	20e. PLAC	E OF INJURY (Home, form,	20f. (City	or town)	(Co	unty)	(State)
Y 20c. TIME OF INJU Hour o. m.	19	While of work	Not while	factor	y, street, office bldg., etc.)			,	(0.0.0)
AND THE PARTY			Annell	77	10 58 to Ma	y 10	58			
3.6	hat I attended the av 10		0	71		~~	1920	,that I la	st saw	the deceased
alive anM	ay 10	, 19.2	and that	death o	ccurred at 1:45	M, fron	n the causes a	nd an the	date s	stated abave.
ACTUAL	11)	0	Rynn	/		IDDKESS (SI	reet, city or town,	tate)	_	DATE SIGNED
SIGNATURE	wave	16 1	- Offe	M.I	The Clinic					/10/58
PHYSICIAN'S		000			The Nation			or he	altn	
NAME (Type)	DANE R. BC		M.D.		Bethesda]	щ, Ма	ryland			
220. BURIAL, CREMATIC REMOVAL (Specify	1	F	22c. NAME OF CEME	TERY OR C	REMATORY	22d. LOCAT	TION (City, town, a	county)		(Stote)
BURIAL	5/12/58		ROCK CREEK	CEM	ETERY	WASH:	INGTON, D	. C.		
23. FUNERAL DIRECTO	RIG-SIGNATURE)	ADDRESS		24a. REC'D	BY REGIST		TRAR'S SIGN	ATURE	
Warenese !	6. Lumph	YOU.	SILVER SPRI	ING. I	MT) DATE	MAY 1 3	158	0 /	-1	

director, iled with NG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the ital or attending physician.

O FUNERAL DIRECTOR: Let this certificate has been signed by the ottending physician and campletely filled in by the funt page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDI may be retained by the TO FUNERAL DIRECTOR: VS A15 (4) 15M 10/57

M

50

2

1 to 1 10 and 10 and	HYADO RO BY	ACHRICA CERTIFICA	
			Til emenato
		A STATE OF THE PARTY OF THE PAR	
		EVER COLL	
		al de desertion	Just destrict mit
Land Maria	med the terror	300mm 1002	
	THE RESERVE AND THE PERSON NAMED IN	and the second second second	
	1000 July 24 2007		AJDERES DE L'ASSE
v 1		The state of distinguishing the state of	
			- Marie - 20416
And arran your men	AT DE L'ANDRE DE L'AND		
	The same of the sa		
		ar word bira tabaphoti	
		o minulu a'nispor	
#200Y S		primaril a'nhapari	
#200Y S		primali a'nhajiwi	
BENDY S	ar Bu yell sign	primali a'nhajiwi	
BENDY S	ar C. yell Sile	primal by a 'ntagled'	
Edition S	Today Lacing Dental	primally a minipoli	
BENDY S	Today Lacing Dental		

Page 4

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: asy be retained by the point and are attending physician.

FUNERAL DIRECTOR: this certificate has been signed by the attending physician and campletely filled in by the fune age 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
VS A15 (4) 15M 9/55	1

							Keg. Dist. I	NO.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (W	here deceased			efore admis	ision)
	gamerv		MARYLAND	Maryland	1	b. COUNTY	ntgomery	7	
	f autside carporate limits	, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF					(n)
RURAL and give n	earest town)			V			om a ome group		
Olne	у			A Silver	Spring				
OR INSTITUTION	AL (If not in hospital, gi	ve street oddr	ess)	d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
	County Gen	arel H	nanital	Rt. #2					NO T
NAME OF	First		Middle	Lost	4. DATE		4		- <u>-</u>
DECEASED			Mildule	LOST	OF	Mon	in	Day	Year
(Type ar print)	Pa	tsy	*******	Lovett	DEATH	May		5	19 58
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	1	. AGE (In years	IF UNDER 1 YE		ER 24 HRS.
D7	Nemo	WIDOWED [DIVORCED T	2/4/10		last birthday) 48 yrs.	Manths Day	s Hours	Min.
Female	Negro Negro N (Give kind of work do	Name Name					NO CITIZEN	1.05.11011	T 60111100
during mast of wor	king life, even if retired)	une Tob. KIN	OF BUSINESS OK IND	USIKI II. BIKIMPLACE (Sidie	or toreign co	untryj	12. CITIZEN	AHW 40 F	COUNTR
				South Car	rolina		U.	S. A	1.
FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
	Danimon Andr			dh	a II a and				
WAS DECEASED EVE	Prince Ande		IAL SECTIONS NO THE	INFORMANT	y Hagin				
is. no. or unknown)	(If yes, give wor or dates of ser	vice) 10. 50C	TAL SECURITY NO. 17.	INFORMANI		Add	ress		
				Ceab Lovett		Same	Э		
18. CAUSE OF DEA	TH [Enter only one cau	se per line fo	r (a), (b), and (c).]	1 1	1		111	NTERVAL B	ETWEEN
PART I. DEA	TH WAS CAUSED BY:	(x	c. chi.s.	West Franks	12.20-		0	NSELAND	D DEATH
11104	IMMEDIATE CAUSE (a)		~ W1211114	Clari In	MALL			151	wk
410%	DUE TO	0.	1.(/1	. 1 1	11	4			
Canditians, if a	ny, which) (b).	Car.	coras mi	DELLIESDIM &	01/1	10/10/		11	8
gave rise ta i	mmediate (TOI		11111	احيد				
lying cause last.	ine under-	KI	1 Tenensa	e Mittral	1 -20	entrees.	enen	Vo	
	, (c).	,	V	9 1 11/00/		2011.11			3
PART II. OTH	IER SIGNIFICANT COND	ITIONS CONT	RIBUTING TO DEATH BL	T NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	'EN IN PART 1(a	19. WAS	AUTOPSY DRMED?
									NO
20a. ACCIDENT WA	S UNDERLYING	Ob. DESCRIBE	HOW INJURY OCCURE	ED. (Enter nature of injury in	Part I or Part	II of item 18.)			
OR CONTRIBUTING	MEDICAL EXAMINER)								
								9-50	
20c. TIME OF INJUR	Y Manth, Day, Year			LACE OF INJURY (Home, farm actory, street, affice bldg., etc	n, 20f. (City	or fown)	(Cauni	ly)	(State)
p. m.	19	While at work	Not while at work	ociony, micel, dillice bidg., eli	"'i				
			7 10	2,75	1 / H	anh	N		
21. I certify th	at I attended the	deceased f	, , , , , , , , , , , , , , , , , , , ,	, 1900, to	212		Sthat I last		
alive on	5/30	, 195 8	, and that deat	h occurred at 12:24	A.M. fram	the causes of	and on the	date stat	ed abay
	Vien	1	•			set, city or tawn.			ATE SIGNI
ACTUAL	1 111	M					100	O V.	
SIGNATURE	- Fol o			_M.D					
PHYSICIAN'S				97.00 Dec 200 1 Av.					
NAME (Type)	C. H. Ligo	$n \setminus M \setminus I$	D.	Sandy S	pring,	Marylan	d		
o. BURIAL, CREMATIO	N, 22b. DATE THEREOF	122	. NAME OF CEMETERY			ON (City, town, o		(Sta	(0)
REMOVAL (Specify)			Dans	MAR	SDO	0.00	1 112	- 1	
worla!	10/1/00		TOUNCY	UMA	1276	IGELF	11151		d .
FUNERAL PIRECTOR	S SIGNATURE		APDRESS	. A: 1	D BY REGISTR	AR 24b. REGI	STRAR'S SIGNA	TURE	
ITIER	, Surville	1	KOCKVIlle	Md. DATELA	8 '58	Illes	esuch		
	, , , , , , , ,			1		10.1			

Tay let a				20	
					- Manaka
		September 1			- 14 (Pt
				LEDNING LAW	
	val.	TENEDAL TENEDAL	proj Stan	THE AT CALLS THE	
	43	01			S. Carrier
A LA LE		Lional Minoli de			The most be stated as
				CONTRACT SOLD	
			Manual Service		SECTION SHOWS THE
					year meess
				or our Two In	
					DIA - A TREATMENT (1979)
			adiost estitues	roseso whiteheater	Ho efficient
		Dros year		Mancall .5	b Kingan
	Tuesday of the last	Nothing to the same of the sam	SOUTH OF SALES		
The Court	WHO I ST	not life	allo allo	450	STEED TO STEED THE

4	The .	-
-		
1		>

1

0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5938 CERTIFICATE OF DEATH

Reg. Dist. No. () 5912

0000	Reg. Dist. No.17
1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STA Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 Silver Spring
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 305 East Franklin Avenue	d. STREET ADDRESS 305 East Franklin Avenue on a FARM? YES NO
3. NAME OF DECEASED (Type or print) HELEN CONOVER	LUCKETT 4. DATE Month Day Year DEATH May 22. 19 58
S. SEX female 6. COLOR OR RACE 7. MARRIED	B. DATE OF BIRTH Sept. 23, 1864 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Maniths Doys Haurs Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (Stote or foreign country) Washington, D.C. 12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Edger Conover	14 MOTHER'S MAIDEN NAME UNKNOWN
Man an article at the state of	eorge W. Luckett-305 East Franklin Ave
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying cause lost. 18. CAUSE OF DEATH DUE TO DUE TO Conditions of the under- lying cause lost.	jailme onser and dearth of years.
CARG	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter noture of injury in Part 1 or Part 11 of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) V 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, clary, street, office bldg., etc.) (City or town) (County) (Slote)
21. I certify that I attended the deceased from 1953 alive on 5-21 1958, and that death SIGNATURE NAME (Type) EFRAIN EVERRERO	n occurred at 1 GL. M, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED M.D. 901 201 5 N.W. 5-222-5
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL 5/26/1958 National Machine M	PR CREMATORY 22d. LOCATION (City, town, or county) [State] [State] [Amorial Park Falls Church Virginia [24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
The S.H. Hines Co2901 Lith St.,	N.W. DATE MAY 2 6 '58 Oll Leauch

VS A15 (4) 15M 9/SS A v e TARREST DE LOPS-100 MELEC.

0.754

b. CITY OR TOWN (It devides at locate for and give information) d. NAME OF HOSPITAL OR INSTITUT d. NAME OF HOSPITAL OR INSTITUT d. NAME OF HOSPITAL OR INSTITUT 3. NAME OF HOSPITAL OR INSTITUT 4. HOUR OF HOSPITAL OR INSTITUT 5. SEX 6. COLOR OR 10. USUAL OCCUPATION (Give kind of during most of working life, even if reduced to the property of the property	1		MAR
PART II, OTHER SIGNIFICAN PART II, OTHER SIGNIFICAN The Office of the word of the word of the word of the other word of the other of	HEALTH DELT. Heave delay is necessary, please may be retained for you with the State Board or calith, urs after death.	3. 1 5. \$	PLACE OF DEATH D. COUNTY D. COU
EXAMINER'S NAME (Type) DESCRIPTION OF THE PROPERTY OF THE PRO		MEDICAL	20c. TIME OF INJURY Month, Do Hour o. m. p. m. 21. I certify that I took ch opinion death resulted from ACTUAL SIGNATURE FXAMINER'S NAME (Type) BURIAL CREMAYON. 22b. DATE TO REMOVAL (Spodiy)

		MARYLAND S	TATE DEPARTME	NT OF HEALTH	-BALTIMORE,	18	
		MEDICA	L EXAMINER'S	CERTIFICAT	E OF DEATH		05013
		5939				Reg. Dist. No.	(inati
1, 1	LACE OF DEATH	9999		The second secon	there deceased lived. If institu		dmissian)
	mml	amer	MARYLAND	o. STATE	b. COUNT	monto	
b	ond give rylargest town)	Forate fimils, write RERAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporale limits, write	RURAL and give negres	town)
	Janh	hickory	15 mm	X Last	Thurban	(runge	7)
0		NSTITUTION (II yot in has	pital, give street address)	d. STREET ADDRESS	. /		S RESIDENCE
	R7.0,	23	V	1 R7-2	#3		NO NO
3.	NAME OF OECEASED	First	Middle	Lost	4. DATE Monti	h Day	Year
	Type or print)	steet ?	dured	Lucas	DEATH May	10	1958
5. 5		LOR OR RACE 7. MARRIE	D NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years fait birthday)	Manths Days Hau	NDER 24 HRS.
		ELL WIDOWE		ext 21 19	900 57 N		
10a	. USUAL OCCUPATION (Give luring most of working life, e	kind of work done 10b. K ven it retired)	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	ar tareign country)	12. CITIZEN OF WH	AT COUNTRY?
	labour			Ull-		191-3.6	
13.	FATHER'S NAME	. Interes	Lunas	14. MOTHER'S MAIDEN N	AME 1. B	n	
	V THE TOTAL	agoun	rucas	nam	ca unique	and !	1
	WAS DECEASED EVER IN U. no, or unknown)	S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT -	Address	Africa.	md.
			1/	corolly M	ing-round	necourt.	P+13
	18. CAUSE OF DEATH [Ente		lor (a), (b), and (c). }			INJERVAL BI	TWEEN
	PART I. DEATH WAS	CAUSED BY: ATE CAUSE (o)	moran or	clusion	V	211	Ida.
	420.1	DUE TO	4				
	Conditions, if any, whi	ich) (b)					
	gave rise to immediate cau (a), stating the underlyi	ne					
	couse lost.	ng (c)					33.73
Z	PART II. OTHER SIGN		INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. W	AS AUTOPSY
ATIC						YES [RFORMED?
TFIC	200. EXTERNAL CAUSE WAS	20b. DESCRIBI	HOW INJURY OCCURRED. (E	nter nature of injury in Part	Lor Part II of item 18.)		
CERTIFICATION	PRIMARY or CONTRIBUTI	NG 🗆					
	20c. TIME OF INJURY M	Nonth, Day, Year 20d. I	NJURY OCCURRED 20a. PLAC	E OF INJURY (Hame, farm,	. 120f. (City or lown)	(County)	(State)
MEDICAL	Hour o.m.	While 19 of wo		ory, street, office bldg., etc.)			
	21. I certify that 1 to	ook charge of the	remains described abo	ve, held an Autopsy	, Inspection	Inquiry X,	and in my
	opinion death resulte	ed from: Natural o	causes 🔀 , Accident [, Suicide , h	fomicide . Undete	rmined manner	
	9	~ 0	U.S. C.			200	
	SIGNATURE TOCK	12 19	poschart	_M.D. CHIEF MEDICAL EX	AMINER	UA	TE SIGNED
	EVALUATE	. ()		ASSISTANT MEDICA	AL EXAMINER []	40	(-6)
	EXAMINER'S NAME (Type)	4NX J	13/05 en 2 m	DEPUTY MEDICAL E	XAMINER DK //L	my 10 -	2 4
220	BURIAL CREMATION, 226.	DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, lown,	esteguniy) = (5	(ate)
1	unal 0	1/3/28	Leuceth (soul,	doenne	le, mo	
23.	HOHERAN DIRECTOR'S SIGNO	KTURE	ADDRESS G - OCA	MI M.		STRAR'S SIGNATURE	
	when &1	SHIMIU	- weswell	DATE DATE	MAY 1 5 '58	Virebu "	

DEPOS PRACTICAL DE PARTE DE LA CONTRACTOR DE LA CONTRACTO		. 7
	A STATE OF THE STA	
		ere san
Control of the second s		
		1 (45) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Charles and the first of the state of the st		
The second of th		
The second secon	reprinter to have as	the the state of the state of

TROUNT LAUN

N S

•

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	CERTIFICA	, a	
		CHECKS.	
	the trees	AND SECTION OF THE PARTY OF THE	
A Part of the second second			
THE RESERVE NAMED		DUPLY COLLEGE	
S TO MAN THE PARTY OF	THE REAL PROPERTY.		
		To Training and the	
,			
A copy of 13.55 To be made			
	E CANADA	To share the	
	and the same	7 75 75 75	CAST CALL DIRECTOR
			design distant
		, ,	
2 Visa of Particularity			
	TRIO . ISANO	Marald Program	and a long for

22c. NAME OF CEMETERY OR CREMATORY

Silver Spring, Md

ADDRESS

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

George Washington Cemetery Prince George County, Maryland

24c. REC'D BY REGISTRAR

(Stote)

22b. DATE THEREOF

220. BURIAL CREMATION.

REMOVAL (Specify)

23, FUNERAL DIRECTOR'S SIGNATURE

pup certificate 3 should he 0 VS A15 (4) 15M 10/57

	HTARUR DEFIA	£* 4		
The state of the s				
	and the same of th			
	STARTED LOS	Bettern a sk. 'lw	and the second real	
	10011			
1 St. 10		COUNTY OF THE COUNTY		
	The state of the s			
	TOTAL CONTRACTOR			
	Total Total			
			Clary No.	marani Marani
amfred to the forest	to Tild Labor D to I			

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5942 CERTIFICATE OF DEATH

Reg. Dist. No. U5916

1.	o. COUNTY Mont	tgomery		MARYLAND		usual residence (M a. STATE Vibginia	/here decease	d lived. If instituti	an: Residence	e befare ad	mission)
T	b. CITY OR TOWN (If RURAL and give new		its, write	c. LENGTH OF STAY IN 18	,	c. CITY OR TOWN (IF	autside carpa	rate limits, write R	URAL and gi	ve nearest f	tawn)
	Bethesda			52 days		Alexandri	a	83	X - 3		
	d. NAME OF HOSPITA	AL (If not in hospital, g	give street a	ddress)		d. STREET ADDRESS				e. IS	RESIDENCE N A FARM?
	The Clinica	al Center,	Bethe	esda lli, Md.		5 East Mo	nroe A	venue. A	ot. 30		NO R
3.	NAME OF	Fi	rst	Middle		Last	4. DATE	Mon	th	Day	Year
	DECEASED (Type or print)	Walte	er	Gerald		Marskell	OF DEATH	May		25	1958
5.	SEX	6. COLOR OR RACE	7. MARRI	ED 🔀 NEVER MARRIED 🗌	8. D	ATE OF BIRTH		9. AGE (In years		-	NDER 24 HRS.
L	Male	White	WIDOWE	DIVORCED [3	O November	1906	lost birthday) 51 yrs.	Months [Days Hai	urs Min.
10	during most of worki	N (Give kind of work ng life, even if retired	dane 10b. K	CIND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (Stote	e ar foreign c	ountry)	12. CITI2	LEN OF WH	HAT COUNTRY?
	Maintenand			C. Governmen	nt	Canada			U	.S.A.	
13.	FATHER'S NAME					. MOTHER'S MAIDEN	NAME				
1	William S.	Marskell				Mary Tu	rner				
114	WAS DECEASED EVER	IN U. S. ARMED FOR	ervice)	ocial security No. 17. ascertainable	INFO	T'ne Me	dical al Cen	Record Add ter, Betl		14, M	aryland
Z	PART 1. DEAT 1 9 9.2 Canditions, if an gave rise to imcouse (a), stating t lying couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO y, which mediate he under- (c)	Me	e for (o), (b), and (c).] elmonary etastatic ONTRIBUTING TO DEATH B	In a	sufficie			/EN IN PART	ONSET	L BETWEEN IND DEATH LUICS
CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DESC	RIBE HOW INJURY OCCUR	RED. (E	nter nature of injury in	Part I or Par	t II of item 18.)			RFORMED?
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	ar 20d. IN While at work	Nat while	PLACE (OF INJURY (Home, far street, office bldg., et	m, 20f. (City	or town)	(Co	ounty)	(State)
	actual SIGNATURE		1958 Koh	lu -		The Clin: National Bethesda	OPM, from ADDRESS (Sical Co Insti-	n the causes of lives, city or town, enter butes of	and an the	e date si	toted above. DATE SIGNED
22	BURIAL, CREMATION BEMOVAL (Specify)			22c. NAME OF CEMETERY Alexa La	OR CR			TION (City, town,	or county)	75	Ştate)
23.	FUNERAL DIRECTOR'S	am Fyrnery	D Hon	ADDRESS 4, In Comment	ag	led St 240. REC Q DATE MA	C'D BY REGIST	-	STRAR'S SIGN	NATURE	

MILL PROPERTY See Public in Peril al with a comment house is not a forest to the defend to as not found I mad the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2010	CERTIFICATE	OF DEATH
5943	CERTIFICATE	OI DEATH

Reg. Dist. No. (15917

		0								
1. PLACE OF DEATH o. COUNTY		1	MARYL	4345	2. USUAL RESIDENCE (V o. STATE	Where deceased	d lived. If institution			
MONTGOM			·		MARYLA			MONTG		
b. CITY OR TOWN (If RURAL and give ne	outside corporate limi orest town)	ls, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF	f outside corpo	rote limits, write R	URAL and giv	re nearest	lown)
SILVER	SPRING		25 years		56 SILVER	RSPRIN	G			
d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS					RESIDENCE
12,621	GEORGIA AV	ENUE			12,621	1 GEORG	LA AVENU	E		N A FARM?
3. NAME OF DECEASED (Type or print)	Fir ANNETTE BE		Middle MARTIN	97	Lost	4. DATE OF DEATH	Man		Day	Yeor 1958
S. SEX	6. COLOR OR RACE	7. MARE	NEVER MARRIED	B.	DATE OF BIRTH	1974	9. AGE (In years			NDER 24 HRS.
female	white	WIDOWI			JAN. 4. 1878		last birthddy) 80 yrs.	Manths D	oys Ho	urs Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR					12. CITIZ	EN OF WI	HAT COUNTRY
during most of work	ing life, even if refired									
HOMEMAKER 13. FATHER'S NAME			OWN HOME		MARYLAND			0.	S. A.	
IS. PATRICK'S NAME					14. MOTHER'S MAIDEN					
WILLIAM C					MARTHA E	. RANIE				
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.		ORMANT		Addr			
NO			NONE	TH	OMAS H. MART	rin, 12,	621 GEOR	GIA AV	E., S	S., MD.
CATI	he <u>under-</u> DUE TO (c ER SIGNIFICANT CON	DITIONS C			OT RELATED TO THE TERA			EN IN PART 1	PE	AS AUTOPSY RFORMED?
	CAUSE OF DEATH				(Enter nature of injury in					
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While of wor	_ Nat while _	focto	E OF INJURY (Home, for ry, street, office bldg., e	rm, 20f. (City	or town)	(Co	unty)	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Willes la	19.2 V 1 W	lantin MART	Seoth of	occurred at 13/	A.W. from ADDRESS (SI	reel, city or town,	nd an the stote) K MA	st saw to date st	he deceased ated above DATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	5/14/58	F	22c. NAME OF CEMET		CREMATORY ON CEMETERY		ILLE MD		(Stote)
23, FUNERAL DIRECTOR'S	GIGHAYURE 5- Tumph	luce	ADDRESS SILVER S		24a. REC	C'D BY REGIST		TEAR'S SIGN	ATURE	

A DESCRIPTION OF THE PROPERTY	
	IO 3742 SHITEST CONTRACTOR OF THE SECOND
Mathematical State of the Control of	
	The Control of Page 1 and the Control of the Contro
	the first state of the second state of the second
Name of the Park o	
to be different on the man and the first of the State of	to combania de la companya de la com
	Andrew College
	A CONTRACT OF THE PARTY OF THE

VS A15 (4) 15M 9/55 M

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

5944 CERTIFICATE OF DEATH

05918

Reg. Dist. No.

											- Au	
1. PLACE OF DEATH o. COUNTY Montgom	owr		MARYL	AND	o. STATE		nere deceased	lived. If instituti b. COUNTY			odmissi	on
b. CITY OR TOWN RURAL ond give Derwood	(If outside corporate limit	its, write	c. LENGTH OF STAY II	N 1b	21	OWN (If o		role limits, write R	ntgon URAL ond	give neare	est town)
	TTAL (If not in hospital, ç	jive street	oddress)		d. STREET AC							DENCE FARM?
3. NAME OF DECEASED (Type or print)	Fi	ertr	Middle		Last		4. DATE OF DEATH	Mon		Day	Y	,eor
5. SEX Female			RIED NEVER MARRIED	34	Maria Dec. 22			9. AGE (In years lost birthdoy) 60 yrs.	IF UNDER Months			9 58 R 24 HRS. Min.
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b.	_	_	TRY 11. BIRTHPLA		or foreign co	7.01	12. CIT		WHAT S.	COUNTRY
13 FATHER'S NAME	Wallace Mar	tin			14. MOTHER'S	Adeli		Martin				
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT Helen	Isre	al, Ma	artins Le	ne.,	Rock	vil	le, Ma
Conditions, if gove rise to couse (o), stoting lying couse lost	immediate DUE TO) C	oronary Hea	osis	s and Hy					ONSET	VAL BET	DEATH
ICATI	THER SIGNIFICANT CON		CRIBE HOW INJURY OC						EN IN PAR		PERFOR	NO
OR CONTRIBUTION	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)											53
20c. TIME OF INJU Hour a. jr. p. m.	10	While	NJURY OCCURRED Not white k at work	foct	CE OF INJURY (H ory, street, office	ome, farm bldg., etc.	. 20f. (City	or town)	(*	County)	S.	(Stote)
21. I certify to alive on ME ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	My	12	ed from. 58, and that o	death		0:00	PM, from		and an t		state	
220. BURIAL, CREMATI	ON, 22b. DATE THERECO)F	22c. NAME OF CEMET Lincoln				22d. LOCAT	TON (City, town, okville, N	or county)		(Stote)
23. FUNERAL BIRECTO	S SIGNATURE WAY	rde	ADDRESS Rockville	, Ma		24a. REC'I	D BY REGIST	RAR 24b. REGIS	/	- 1		

	4	HTARE TO BE	DAY CERTIFICA		
			MI 1904		
		EXT. 38	Manufacture Base		
	bill felt	The state of the s		mira - monife	
, state to the total ,	AFAL substine	Control to the			
				- 12 (M)	
					The second
		M_D(_t)h tem.or	s float, faith lines (1972)	E MA	HI NIDOU S DE
40			.dr.,		STEP STOR
	The second		The state of the s		
the state		TOTAL NO.	All control to the		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DI BROMMILAR	WITCH HEALTHS	LATE DEPARTME	e	
	HTABO TO BE	CERTIFICA		
		MIANUAN		
State of the state				
	4 11 101 - 1			
	S Photo	AN STATE OF THE ST		
		I de de la companya d		
			Market Market	
M 10 10 1 - 00 11 11 11				THE RIP.
	that is yet in view had			
		ORN ALBURY	100 pg - 4 22 mm	
one file so will de la communicación de la communicación de la companion de la			Letter ob mit believe i 1	ed village CMS
			Massall No. 12	Energy second
All and the second		tiza de Estado Antidado estado	The second second	

M

51

5945 CERTIFICATE OF DEATH

Reg. Dist. No. (151921)

1. \$	LACE OF DEATH	tgomery		MARY		o. STATE Virg:		lived. If instituti b. COUNTY	on: Residen	ice befor	re admiss	ion)
	RURAL ond give no ethesda (f outside corporate limi earest town). Rural)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		ote limits, write R	URAL ond	give neo	rest town	n) \
1	OR INSTITUTION	AL (If not in hospital, g Hospital,				d. STREET ADDRESS Route	#2 Box	: #74				FARM?
1	NAME OF DECEASED Type or print)	Fir Fran		Middle Smith		MATCHETT	4. DATE OF DEATH	May May	th	15	•	Year 19 58
5. S	emale	6. COLOR OR RACE White	7. MARR	NEVER MARRIED DIVORCE		0-11-1888	9	9. AGE (In years lost birthdoy) 69 yrs.	Months	1 YEAR Days	Hours	ER 24 HRS. Min.
_	USUAL OCCUPATION during most of work ietician	DN (Give kind of work or king life, even if retired		KIND OF BUSINESS O	R INDUSTR	Florida	or foreign co	untry)	12. CI1	U.S		COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		-			2-63-
S	. A. SMIT	H				Winifred Pa	arker					
{Yes		R IN U. S. ARMED FOR (If yes, give war or dates of si	ervicel	social security No 27-34-2256			atchett	Add (Same A)		
		ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), and (c).	inc	arrest	436				RVAL BE ET AND 2 Ju	
	Conditions, if a gove rise to i)	my	ocar	Dial Anfo	ret				244	hours
-	cause (a), stoting lying cause lost.	the <u>under-</u> DUE TO		Co	rana	my Thro	mbosi	العا			2 - 3	3 days
CATION	PART II. OTH	HER SIGNIFICANT CON	emar	Magie P.	mene	or related to the term			'EN IN PAR	T 1(o) 1	PERFC	AUTOPŠY RMED? NO []
L CERTIF!	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE\$0	CRIBE HOW INJURY O	CCURRED. (Enter nature of injury in	Port I or Port	II of item 18.)				
MEDICAL	20c, TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yeo	20d. It While of work	NJURY OCCURRED Not while	20e. PLACI factor	OF INJURY (Home, form y, street, office bldg., etc	n, 20f. (City o	or town)	(0	County)		(State)
	21. I certify th	at I attended the	decease	ed fram 14 M	ay	, 19 58, ta 15	5 May	19 58	3.that L	last sa	w the	deceaser
	alive an 15		, 19			corred at 2:401	P.M, fram		ind an t		e state	
	ACTUAL SIGNATURE	1.1.0.	Ca	unell L	T. AL CM.	U.S. Nava			,	a, M		
	PHYSICIAN'S F	H. O'CONNE	II, I	T,MC,USN		U.S. Nava	l Hospi	tal, Bet	thesda	a, M	d.	
220.	BURIAL CREMATIO REMOVAL (Specify) BUT 18	N, 226. DATE THEREO		Oak Lawn (on (City, town, o		da	(Stat	e)
	oney & Kin	s signature g, Viena, V	/irgi	ADDRESS	ford	24a. REC	D BMAKISTR	48 '58b. REC			Eth	
						7	MOST IN THE		Y			

may be retained by the spital or ottending physician.

TO FUNERAL DIRECTOR

Let this certificate has been signed by the attending physician and completely filled in by the fur
page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld
the registror prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

V\$ A15 (4) 15M 10/57

of admir on	WAR OF DEATH	ē	
	TO AND THE PERSON NAMED OF		
The sylving as I	Charles and general the second systems.	A Published Many and	
	TO SEE ON THE CO.	John John Stew	Dies the carrier was
		Te tare — eq	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
and the state of t			
A 2.14.5-0			10000
	17/15/00/19/20		
	na carry to company to the	man in our case of the same	
	TANK THE STATE OF		
	greet who have the street	subject to the August	The Table of the Party of the P
	re chang and little		
The pilot		The State Later	Mark I. I. Version
		STREET ANS STORY	
			E comments a verse

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ofter death, Poge

é

10

The state of the s		
The plant in the state of the s		Piteston sorry
A NAME OF THE PROPERTY OF THE		
PERSONAL PROPERTY OF THE PROPE		fundament pudditions
	ntestine.	Apprend T
		Printers of The Control of the
		hether class
A.S. T. A.S. T. A.B. A.B. A.B. A.B. A.B. A.B. A.B.		\$100 ENOVE 27
MELIDIDI ZURADRAM		CONTRACTOR OF THE PARTY OF THE
THE LABORATE DIAGRAM TRANSPORTED AND A STREET AND A STREE		
		The special report sources with
	The state of the	
with the win territorial and the control of the con		
	Lateral Com	
		THE RESERVE
ATTENDED TO THE PARTY OF THE PA		one district
		witing the change

W D

51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5947 CERTIFICATE OF DEATH

Reg. Dist. No. 5922

				Keg. Dist. 14	Φ.
1. PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institut b. COUNTY		fore admission) »
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	STAY IN 16	c. CITY OR TOWN (If or	utside corporote limits, write l	RURAL ond give n	nearest town)
Bethesda (Rural) 38 minu	ites	X Chevy Chase			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
U.S. Naval Hospital, NNMC, Betheso		6510 Wiscon			YES NO TO
3. NAME OF First DECEASED (Type or print) Patrick Aloysius	Middle MC	COLE	4. DATE MO- OF DEATH MAY	onth (Day Yeor 1 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER !	MARRIED [B. DATE OF BIRTH	9. AGE (In years lost birthday)		AR IF UNDER 24 HRS.
Male White WIDOWED DIV	ORCED 🗍	29 JANUARY 18	391 67 yrs.	Months Doys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSIN during most of working life, even if retired) Dentist (U.S. Navy Retired)	ESS OR INDUS	TRY 11. BIRTHPLACE (Stole of Pennsylwa		12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		0.00	
Cornelius MC COLE		Sarah MUND	7		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI	TY NO. 17. IN	FORMANT		dress	
Yes WW-I Unknown Unknown		lfe) Elizabeth	A MC COLE	Same as 7	#2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), or	nd (c).]	Δ Δ Δ	A	IN	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	cordi	al Sufa			10 hours
420.1 DUE TO		V	^		
Conditions, if ony, which) (b)	Long	, orterios	lerosis		2 years
gove rise to immediate couse (o), stating the under-	4	0		700	2
lying couse lost. (c) He	perl	house			s year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GI	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	URY OCCURRED). (Enter noture of injury in P	ort t or Port II of item 18.)		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRE Hour o. m. While Not while of work of work	ED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town)	(Count	(Stote)
Hour o. m. While Not while of work of work	T 100	tory, street, office bldg., etc.			
21. I certify that I attended the deceased fram. 31	MAY	. 19 58 to 31	L MAY , 19 58	3 that I last	saw the decease
		accurred at 9:18P	M from the causes	and an the d	late stated above
	\		DDRESS (Street, city or town,		DATE SIGNS
SIGNATURE 7.H.O Commell	^^	u.b. Naval	Hospital, Bet	thesda M	d. 6-1-58
PHYSICIAN'S F.H. O*CONNELL LT MC USI	1	U.S. Naval	Hospital, Beth	hesda Md	•
BENOVAL (Speciful	ton Nat	*CREMATORY *1 Cemetery	22d. LOCATION (City, town, Arlington, V		(Stote)
23. FUNERAL BURECTOMS SUCHATURE COLLINADDRESS				ISTRAP'S SIGNAT	(URE)
Francis J. COLLINS 3812 14th St	Was	sh.D.C. DATE J	UN 3 '58 ()	1220011	e de

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 10/57

	Marine and American Street			
PAR ENDORSEE	MTARCRO STA			
	The second secon			
	SECULO MANGE	Section 15)	BUTTER TO SE
	07/ sclattopezh 14/0		_	1 4 4
			Salwar.	
				Man No.
• = r (=	92.009.000.00	(assess by)	0 = 1,579
	Table delic		ento ta i	
and the state of	NUMBER OF STREET		1 2-14	
		Appellated and School The	-	
	control of the contro			
tion appear	expected and the			L PRINTED OF
	omeni Name i same arrivo			
		The Walter Control of the	4	D. CHENDINA

1. PLACE OF DEAT o. COUNTY	MONTGOMERY	MARYLAN	2. USUAL RESIDENCE	Where decease VIRGIN	ed lived. If institut B. COUNTY		efore admissio
b. CITY OR TOW RURAL ond gi	N (If outside corporate limits, we pecurest town) PARK	c. LENGTH OF STAY IN 1 day		If outside corp	orote limits, write I	RURAL ond give	nearest town)
d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospitol, give son Oak has 517 Albany Ave	ren conv. nome	d. STREET ADDRESS	FK.			ON A F
3. NAME OF DECEASED (Type or print)	First ALICE	Middle FRANC	lost McCOY	4. DATE OF DEATH	Moi MAY		Day Ye
5. SEX FEMALE	St November Standards	MARRIED NEVER MARRIED (100000	.873	9. AGE (In years lost birthday) 85 yrs.	Months Da	
10o. USUAL OCCUP during most of Homemake	working life, even if refired)	10b. KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPLACE (SIN		country)	U.S	OF WHAT
John L	Cookes		Sophia Lo				
1S. WAS DECEASED (Yes. no. or unknown)	EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 1	7. INFORMANT Miss Georgia	F. McCo	y, 7302		
PART 1. 450.	DEATH [Enter only one couse DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO f ony, which)	per line for (o), (b), and (c).	actual of	006	Washi	ngton,	NTERVAL BE INSET AND INSET AND

Day Yeor 19 58 23 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. Ga. Ave. igton, INTERVAL BETWEEN ONSET AND DEATH gove rise to immediate DUE TO couse (o), stoting the underlying couse lost CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m 10 , 19:16, to Man 22, 1958, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 10145 AM, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Spacify) Hill Cemetery 5/27/58 Sistersville, West Virginia AppRESS Silver Spring, Md. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR DATE MAY 2 6 '58

05923

. IS RESIDENCE ON A FARM? YES NO

0 VS A1S (4) 15M 9/SS

OF DEATH	TEST CHITHOATE
	manning the state of the state
The same was a second of the same of the s	AND THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PAR
News the examination of the control	THE REAL PROPERTY AND ADDRESS OF A STORAGE OF
	thesterol . I mind
destable, rate, and the	The second second second
	A ASSESSMENT OF THE PROPERTY O
and realized the realized section of the section of	
	2.5
STREETS AND	Control Time with the property of
	The second secon

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

010	CERTIFICATE	OF DEATH	L
948	CERTIFICATE	OF DEAT	Г

05924

5.9	348 CERTIF	ICATE OF DEA	TH	Reg. I	Dist. No.	5924	
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLA	II a STATE	(Where deceased lived.	If institution: Resid	ence before od	mission)	
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest lown) Damascus	write c. LENGTH OF STAY IN		(If outside corporate lin				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRES	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO.	
3. NAME OF First DECEASED (Type or print) Calvin		McElfresh	4. DATE OF DEATH	Month May	Doy 28	Yeor 1958	
Male White w	MARRIED NEVER MARRIED	Nov. 6.	1880 7	E (In years birthday) Months / yrs.	Days Hou	7	
10o. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) Retired Farmer -	Own farm	Fred.		12. (USA	IAT COUNTRY	
13. FATHER'S NAME		14. MOTHER'S MAID					
Colvin McElfr	esh	Ida	Lawson				
IS. WAS DECEASED EVER IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT		Address			
No	_	Mrs William	m M. Watk	ins, Mon	rovia.	Md.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost. Part II. OTHER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEATH	ALIC CONCLIGATION THE TIL	ERMINAL DISEASE CONI	DITION GIVEN IN PA	RT 1(o) 19, W	BETWEEN ND DEATH	
OR CONTRIBUTING CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCC	URRED. (Enter noture of injury	r in Port I or Port II of it	rem 18.}		Поп	
Hour o.m.	20d. INJURY OCCURRED 20 While Not while of work of work	le. PLACE OF INJURY IHome, factory, street, office bldg.,	farm, 20f. (City or tow	n)	(County)	(State)	
21. I certify that I attended the de alive on Total I.S. ACTUAL SIGNATURE PHYSICIAN'S James P. Keiname (Type)		10 - , 19.50 tal	DAM, from the ADDRESS (Street, ci				
20. BURIAL, CREMATION, REMOVAL (Specify) Burial May 31.1	22c. NAME OF CEMETE	RY OR CREMATORY		ity, town, or county)	Md .	itote)	
23. FUNERAL DIRECTOR'S SIGNATURE / CLEAN	ADDRESS_	24a. F	JUN 3 '58	24 REGISTRAR'S S			



	ATTACK OF CHICH CASE OF DEATH
	e de la composition de la composition La composition de la
	AND
. Charles and the second	
	and the little of the late of the little of
Total	
	isolvina and the community of the second and second and the second
Market Market	

VS A15 (4) 15M 10/57

1.	D
director,	M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5836 CERTIFICATE OF DEATH

Reg. Dist. No.

05925

						Neg. Dist. 110.	
1. PLACE OF DEATH o. COUNTY		MARYLA	II O STATE	DENCE (Where decease	d lived. If institution	on: Residence before	odmission)
Montgon	kety		[11]	'd.	monta	eraery	
b. CITY OR TOWN (If RURAL and give ne	outside corporate limits, write	c. LENGTH OF STAY IN	1b c. CITY OR 1	TOWN (If outside corpo	orate limits, write Ri	URAL and give near	est town)
Takoma	Park	1 week	17 Tak	ome Park	1		
d. NAME OF HOSPITA	AL (If not in hospital, give stree		d. STREET A			e	. IS RESIDENCE
OR INSTITUTION	San 4 11		8210	- Roano	K . A	4	ON A FARM? YES NO 🔀
Washingto		05 p.					
3. NAME OF DECEASED (Type or print)	hn Alexan	Middle	Mc ISAN C	OF	Mav	/	Year 1958
5. SEX	6. COLOR OR RACE 7. MA	RRIED MEVER MARRIED			9. AGE (In years	IF UNDER I YEAR I	
M	W WIDOV			1-03	lost birthdoy)	Months Days	Hours Min.
100. USUAL OCCUPATIO	N (Give kind of work done 10ting life, even if retired)	. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPL	ACE (State or foreign o	ountry)	12. CITIZEN OF	WHAT COUNTRY?
Printer		Printing	Ma	found lan	1	alma.	
13. FATHER'S NAME		221102116	14. MOTHER'S		d	amei	~.
							Telephone Ship
	VIC I SHAC			Ann Ste. Ma			
(Yes. to or unknown)	If yes, nive wor or dotes of service)		17. INFORMANT		Adde	215 Roand	oke Avenue
NO		002-10-3778	chart- u	vite Inez	Vivian M	cIsaac Ta	akoma Parl
PART I. DEAT	TH [Enter only one cause per TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Mijo card	ial dry	laretur	- old a	INTER	T AND DEATH
gove rise to in couse (o), stoting t	nmediate (DUE TO	and of	E. D.	~ _ /		70	acayo.
lying couse lost.) (c) <u>C</u>	revial	occer	uas		Qu.	receiver
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	was with	etare le	E CONDITION GIV		PERFORMED?
PART II. OTH 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY /	S UNDERLYING [206. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCC	URRED. (Enter noture o	f injury in Port I or Par	t II of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.			le. PLACE OF INJURY (factory, street, office	Home, form, 20f. (City e bldg., etc.)	y or town)	(County)	(Stote)
21. I certify the alive an	at I attended the decea	50	eath occurred at	4:00 PM, from	m the causes a	nd an the date	
ACTUAL SIGNATURE	obertas	Hare !.		. 1	lave, 7	iP.Md.	5/9/58
PHYSICIAN'S NAME (Type)	obert 1	t. Hare					. /
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	N, 22b. DATE THEREOF 5/12/58	22c. NAME OF CEMETE PARKLAWN CF			TION (City, town, o	UNTY MD	(Stote)
23 FUNERAL DIRECTOR'S		ADDRESS	THE LEVI				
Warner &	5. Tumphrey	SILVER SPRI	NG, MD.	DATE MAY 1	2 '53 ()	TRAR'S SIGNATURE	h

MARYLAND STATE DEPARTMENT OF HEALTHANDED STATE OF ALTHOUGH

CESTIFICATE OF DEATH

Committee of the control of the cont

A11/A1

VS A15 (4) 15M 10/57

		4	6	
	_	1	/	
90.	3	-	1	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5949 CERTIFICATE OF DEATH

05926

Reg. Dist. No.

	o. COUNTY			MARYL	AND	2. USUAL RESIDENCE (Who o. STATE		b. COUNTY	on: Residen	ce before	odmission)	
-		ntgomery f outside corporate limi	ts write	c. LENGTH OF STAY IN	1 15	South Car						/
	RURAL ond give ne	orest town)	13, 41110		4 10	c. CITY OR TOWN (If o	outside corpo	profe limits, write K	UKAL ond (give neare	est town)	
-	Bethesda			435 days		Piedmont				11)	X-5	
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, o	ive street	oddress)		d. STREET ADDRESS				e.	ON A FARM?	
		cal Center	, Be	thesda Li, M	Id.	Box 167	7				YES NO	
3.	NAME OF	Fir	st	Middle		Last	4. DATE	Mon	th	Day	Year	=
	DECEASED (Type or print)	Wil	liam	Bennie		McJunkin	OF DEATH			27		
-	SEX			RIED NEVER MARRIED		B. DATE OF BIRTH			V .		F UNDER 24 HRS	_
1							3000	9. AGE (In years lost birthdoy)	Months		Hours Min.	۶.
1	Male	White	WIDOW		Daniel .	November 7,	1907	50 yrs.				
100	during most of work	ON (Give kind of work ing life, even if retired	done 10b	. KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stole	or foreign o	ountry)	12. CIT	IZEN OF	WHAT COUNTR	RY1
1	Carpenter			Building		South C	Caroli	na		U. S	S. A.	
13.	FATHER'S NAME		100			14. MOTHER'S MAIDEN N	AME					
	Thomas M.	McJunkin				Florence	e Hud	lson				
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN				ess			_
(Ye	No. no. or unknown)	If yes, give war ar dates of s	-	aaaantainah	10	The Clinica	J Cer	necora iter, Bet		11.	Masselas	20
=				nascertainab	ше	THE OTHITCE	ar oei	rear, pac	lesua			IC
			use per li	ine for (o). (b). ond (c).]	1	. 0	1	2 /	- my	ONSE	T AND DEATH	
	PAKI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, ale	ite Kenal	10	ulene, 9	vert	Lephers	is.	4	8 hus	
	288>	DUE TO						, /			,	
	Conditions, if or	ny, which)	00	mi. Ta	· ha	ecous G	au +	. = = -		1	2	
	gove rise to in			/	-	1				1	3 yes	
	lying couse lost,	ne unger-										
z) (c		CONTRIBUTING TO BEAT	LI BUT I	NOT BELLIED TO THE TERM	NAME OF THE PARTY OF	r complete con	F		14/14 11/14/19	
I 은	PARI III. OIL	C A	DITIONS	CONTRIBUTING TO DEAT	01	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PARI	1 1(0) 19.	PERFORMED?	
١٥		Poli	rege	Chamea 1	1/2	ra.		1/1/45,			YES 🔼 NO 🗌	1
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING	20b DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injury in P	Port I or Por	t II of item 18.)				
	(IF EITHER, NOTIFY	CAUSE OF DEATH										
MEDICAL		Month, Day, Ye	or 20d. I	NJURY OCCUPRED 2	Oe. PLA	CE OF INJURY (Home, form,	20f. (City	or town)	(C	ounty)	(Stote	1
ED	Hour o.m.	19	While of wor	_ Not while _	toci	lory, street, office bldg., etc.	1					
>	p. m.				7.0	CO 3	. 05	۲0				
	21. I certify the	at I attended the		sed from March		19.57 to 1	May 21	1958	_,that i l	ast saw	v the deceas	ec
	alive an	May 27	_, 19_	ond that d	leath	occurred at 11:45	PM, fran	n the causes a	nd an th	e date	stated abo	ve
	0		,	/				treet, city or town,			DATE SIGN	
	SIGNATURE C	west K	,	euem)	A	The Clin	nical	Center			5/29/5	8
					,,			itutes o	e Han'	1+h		
	PHYSICIAN'S NAME (Type)	Ernest F	. Si	mon. M.D.		Bethesda		Maryland	L IIICa.	T. CII		
220		V, 22b. DATE THEREC		22c. NAME OF CEMET	EDV CO				and any one one one one of the o			==
_	REMOVAL (Specify)	- 1- 1	9	ZZC. NAME OF CEME!	EKT OR	CKEMATORY	ZZd. LOCA	TION (City, town, o	or county)		(Stote)	
	ur-Trans	1 5/29/	8				Gre BY REGIST	envilla	S.	Caro	olina	
Ι.	FUNERAL DIRECTORS			ADDRESS				TRAR Zapt RECR	TRAR'S SIG	NATURE	27 37 .1	
	Robert A.	Pumphre	y-B	ethesda, Md		DATE	JN 2	The last	hede	uch		

	HTASU SOST	ADMITMED CORRESPONDED	
	O per special services		
	102.00	. 65 Ltd. numerical . Natries Contract	
	in that is allowed	CENTRAL DIVERSITY SECOND	
2 0	m Gamalation		
	m.N. spiewograpu.	melaries at a	10001
micus id space			

05927

A										
D. PLACE OF DEATH	ita		MARYLAND	2. USUAL RESIL	DENCE (Where	deceased live	d. If institution b. COUNTY		before admi	
b. CITY OR TOWN RURAL and give r	(If outside corporate limits	, write c. LENGTH OF	F STAY IN 16	c. CITY OR 1	TOWN (If outsi	-	limits, write RI		-	
Tako	16 6 2 4 6 1	174	ears	17 T	a Kon-	ia Pa	rk.			
d. NAME OF HOSPI OR INSTITUTION Pak Have		bary St	-	d. STREET A	DDRESS T	lowe	r Au	10	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	EDNA	Pearl	Middle Me7	icke?	1 4.	DATE OF DEATH	May	हर्म	boy http	Year 1958
5. SEX Fe	1.11.		MARRIED	B. DATE OF BIRTI		83 9. 4	GE (In years st birthday) 7 5 yrs.	Months D	EAR IF UND	
100. USUAL OCCUPATI	ION (Give kind of work do			TRY 11. BIRTHPL			-	12. CITIZI	EN OF WHA	T COUNTRY
	rking life, even if retired)			Ma	rula	n d			S.A	
13. FATHER'S NAME		1000	1	14. MOTHER'S		1 5 00	-	1		
Jam	ies Alber	HMC Caul	ley	Lo	iura	Jan	e to	ord		
15. WAS DECEASED EV	ER IN U. S. ARMED FORC			NFORMANT	d.A	1	Addr	ess		Ti
	(ii yas, give wor or cores or so		VI	rginia	, /len	cken	71	408t	lowe	rave
	ATH [Enter only one cau	se per line for (o), (b), a	ind (c).]	0		-			INTERVAL E	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Conge	25TIV	e Car	diac	tai	ure		Jerr	71714
420.1	DUE TO	0			, (
Conditions, if		Coro-	nari	1 Occ	US10	n			1/2	412
gave rise to cause (a), stating							Neg 1	34. 21		
lying cause last										
PART II. OT	THER SIGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMINA	L DISEASE CO	NDITION GIV	EN IN PART 1	(a) 19. WAS	AUTOPSY ORMED?
	Metasta	tic Carcin	пона	a Dia	chetes	5 Mel	iTus	3] NO [
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	YAS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJ	URY OCCURRED). (Enter nature o	f injury in Part	I ar Part II o	item 18.)	22		
20c. TIME OF INJU Hour a. m. p. m.		20d. INJURY OCCURR While Not while at work at work		ACE OF INJURY (I tory, street, office	Home, farm, bldg., etc.)	20f. (City or to	own)	(Cou	inty)	(Stote)
21. I certify t	hot I ottended the	deceosed from	Dea	. 1944	, to Ma	248	1958	,thot I las	st sow the	deceoser
alive on	May 3	, 19 58 , ond	that death	occurred of						
ACTUAL SIGNATURE	Robert	atta	w.	up. 760	0	DRESS (Street,	Aue	T.Pa	r-k Md	S/8/
PHYSICIAN'S NAME (Type)	Robe	rt A.H	are					per con mi que de pri que que de		
22a. BURIAL, CREMATIS REMOVAL (Specif	ON, 226 DATE THEREOF	12 1 1 1 1 1 1 1 1	F COMETERY OF		220	d. Igration	(City, town, o	or county)	Med	ije)
23 FUNERAL DIRECTOR	R'S SIGNATURE Walter, 2:	of Carroll	shew.	Do	240 REC'D B	Y REGISTRAR 2 158	24b. REGIS	TRAR'S SIGN	TURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 D FUNERAL DIRECTOR for this certificate has been signed by the attending physician and campletely filled in by the fun page 3 shauld be detacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

TO FUNERAL DIRECTOR page 3 shauld be detact VS A15 (4) 15M 9/55

and the last test	HEAST OFFICE ASSESSED.	
		House, and
High Column High H		
	Mart Don Mile 2 26 The Control of th	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	TABO TO ST.		BESTER MESTER
alumnolud lo o	11 6	Louis Marie	vromosto
		2735 7	Pernescia
	32 - 14 - 1		smontact tomost
A 15, 12, 12, 14, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15	and sau		
	31 . C . Males		TOTAL SIMILE
			e La Sauce
.mio.is			nevi Luc ymae'i
The particular to the particular section of		of A Section 1 forms	on all Sebastic Ligaria ellipsis Lara
	THE RESERVE		

	HTARGROSTADHITEO CONTROL					
		311				
			The Million			
The second secon						
and the Contract of the Contra	The last of		The second second			
Total Production (Control of Control of Cont			Thompson S			

MARYLAND STATE DEPARTMENT OF HEALTH BAITIMORE, 18

VS A15 (4) 15M 10/57

MARYLAND STAT	TE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
5839	CERTIFICATE	OF	DEATH	

05930

-		CERTI	FICAT	E OF DEA	AIIII		Reg. Dist. No.	
1. F	LACE OF DEATH		2.	USUAL RESIDENCE	(Where deceased	lived. If institution	: Residence befor	re admission)
1	mont gomery.	MARY	LAND	o. STATE	arvland	b. COUNTY	Montgome	erv
t	. CITY OR TOWN (If ourside corporate limits, Arri	te c. LENGTH OF STAY	IN 16	c. CITY OR TOWN	7	te limits, write RUF		- V
	RURAL ond give neorest town) Takoma Fark	10 days	1 1	When	iton	XXXXXXXX		Spring
(I. NAME OF HOSPITAL (If not in hospital, give str. OR INSTITUTION	eet oddress)	1	d. STREET ADDRES	is			e. IS RESIDENCE
	Jashington Sa:	nT tlosp	/	2217	Hend	erson	Hue.	ON A FARM? YES NO NO
1	NAME OF SECRASED Type or print) Maraaret	Middle F-l-t	en	miller	4. DATE OF DEATH	Month > 77 3 4	00	Year 1958
5. \$		ARRIED NEVER MARRIE	D 8. D.	ATE OF BIRTH	9	. AGE (In years	UNDER I YEAR	
		OWED DIVORCE		-25-	90	lost birthdoy) of	Months Days	Hours Min.
10a	USUAL OCCUPATION (Give kind of work done I during most of working-life, even if retired)	106. KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (S	itate or fareign cou	ntry)	12. CITIZEN O	F WHAT COUNTRY
1	louse wite	Own home		mark			USA	
13.	ATHER'S NAME W.		14	I. MOTHER'S MAND	EN NAME NET	TECHAMI	LTON	TELL ST
	perrae 1 Haller			XXXXXXXX	COCCERCIO	XXXXXXXX	XXXXXXXX	
	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO	. 17. INFO	RMANT		Addres	Spring	, Md.
-	75		Mrs.	John I.	Higdon, 9	049 Manc	hester F	Rd. Silver
	18. CAUSE OF DEATH [Enter only one couse pe	er line for (o), (b), and (c).	/				/ INTE	RVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Lymn	and.	ananna	10 -010	nonalis	od ONS	ET AND DEATH
	200./ DUE TO	1	IN-EL	W 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	a gra	wing		-ya
	Conditions, if ony, which)				V			V
	gove rise to immediate							
	couse (o), stoting the under-							
z	lying couse lost. (c)	CONTRIBUTION TO DE	711 0117 1107	DEL 1 700 TO THE			1	
CATIO	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEA	KIH BUI NOI	KELATED TO THE T	ERMINAL DISEASE	CONDITION GIVEN	1 IN PART 1(0) 15	PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING [] 20b. [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY O	CCURRED. (E	nter noture of injury	y in Port I or Part I	l of item 18.)		
		d. INJURY OCCURRED	20e. PLACE (OF INJURY (Home,	form, 20f. (City o	r town)	(County)	(clot3)
MEDICAL	Hour o. m. Wh	nile Not while wark of work	foctory,	street, office bldg.	etc.)	. Town,	(County)	(Stole)
	21. I certify that I attended the dece	eased fram 5	-6	. 1958 to	5-16	- 1958	that I last sa	w the deceased
	alive an 5-16- 15	9 58 and that	death acc	urred at 9:2	OAM from	the course on	d on the dat	e stated abave
		1/	500 50.			et, city or town, sto		DATE SIGNED
	ACTUAL SIGNATURE Taul 7.	Starr	M.D.	7600	Car	roll (Zur.	5-16-5
	PHYSICIAN'S			41		01	7-1	
	NAME (Type) Paul V.	Starr		Jak	oma	Tark,	Ina.	
220.	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEME	TERY OR CR	EMATORY	22d. LOCATIO	ON (City, town, or	county)	(Stote)
	Burial May 19, 195	TARREST VALUE	t Ceme	tery	Freder	ick. Fre	derick (Co. Md.
23	WNERAL DIRECTOR'S SIGNATURE	ADDRESS			REC'D BY REGISTRA		AR'S SIGNATUR	
M	where to . I. umprilly	Silver S	pring,	Md. DATE	MAY 2 0 58	· W	-ebuch	

		AVE THAT THAN	
	CERTIFICATE ON DEATH		
		No. of the latest and the	
Mark ton pay share			
The state of the s		and the same of the same of the	HILL THE
The second secon			See Edit
	A Million Washington		
		-ta-s. T-ly-1	
	Cord of Section 19 of the		Later
	The spirite of the same and the		- 16
		the state of the state of the state of	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

The state of the s
A C. II. II. Lange of the same tends of any of the same tends of the same
And the second s
The second secon
Total Control of the
Pales III W II 1965 CL Heren II (New York and Art State II II W III (New York and Art State II II II II II I Note that the second of the sec
the country of the control of the co
etanici i propositi propos
nor at account on the At a 12 to 15 to At the creation about the cares on the company of the compan
The state of the s
The state of the s

.

TO HOSFITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4 may be retained by the spital ar attending physician.

TO HOSFITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the attending physician and campletely filled in by the function to bornal, are this certificate has been signed by the attending physician and campletely filled in by the function of the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

1	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
	5952 CERTIFICA	ATE OF DEATH Reg. Dist. No. (15932
	1. PLACE OF DEATH / Maymery o. COUNTY 37/4, Wm. La. Ch. Ch. MARYLAND	2. USUAL RESIDENCE (Whole Receosed lived. If institution: Residence before admission) o. STATE b. ROUNTY b. ROUNTY Montgomery
	b. CITY OR TOWN (If outside carporate limits write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give hearest tawn)
)	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) FREDERICK VERNON /	NURPHY 4. DAYE Month Day Year OF DEATH MAY 4 1958
	M WIDOWED DIVORCED	B. DATE OF BIRTH 2 - 6 - 1879 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUS during may of warking life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Vernow Meisphy	14. MOTHER'S MAJDEN NAME ME Cere
	(Yes, no, or unknown) (If yes, give wor or dates of service)	NO Margery C. Mersphy - wife
1	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Talomboses Interval Between ONSET AND DEATH
1	Canditions, if any, which gave rise to immediate couse (a), stating the under-	clerous 5-77
	tying cause last. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	Felminel Conse	CONTROL RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO!
	UF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of wark of wark of wark	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
	21. I certify that I attended the deceased from According that death	2. 1947 to May 3, 195 Sthat I last saw the deceased
	ACTUAL SIGNATURE DOWN OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNE	accurred at
	PHYSICIAN'S NAME (Typh)	A.D
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR REMOVAL (Specify) 5-7-58 MT. OLIVE	CREMATORY 22d. LOCATION (City. town, or county) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE HOME SOO 4 4 5 SIGNATURE HOME SIGNATURE SIG	THE 240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE DATE MAY 8 '58 CULTEBURA
E	was a s	No. 1 Mari

DI SPONILLAS-HILASH NO THE ADRAGED STATE OF ALTHUMAN.
NIVARO RO RYABITIRED SOLA
Secretary with the secretary of the secr
The second section of the second seco
Action in the part of the part

VS A15 (4) 15M 9/55 0

MARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE, 18	

*				
	5953	CERTIFICATE	OF	DEATH

Reg. Dist. No. 05933

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
o. COUNTY MONTGOMPRY MARYLAND	o. STATE on & b. COUNTY Montanmen.
b. CITY OR TOWN (If outside corperate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
Burd Ofney 4 months	56 SILVEN Spring
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Brooke Grove foundally	520 Southamyton Dr YES NOW
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) James Glenn	MUNTELL DEATH May 3/ 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS. One
male While widowed Divorced	July 15 1889 (ast birthday) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Ticket taker (retired) Capitol Theatre	Kentucky issouri 915
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
games murrell	Lda tessier
13 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT On Address Dr S/S
Yes WW #1 579-01-4171 6	d ward Murrell 520 Southampton
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arcsiona (1)	protote a metastasis ONSET AND DEATH
177X DUE TO	
Conditions, if ony, which) (b)	
gove rise to immediate cause (o), stoting the under-	
lying couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3	YES NO X
206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTION OF CONTRIBUTION	D. (Enter noture af injury in Port I or Part II af item 18.)
Z 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 of work of work	ctory, street, office bldg., etc.)
21. I certify that I attended the deceased fram. Fish	, 1958, ta way 31, 1958, that I last saw the deceased
	occurred at 5145 PM, fram the causes and an the date stated above.
	ADDRESS (Street, city or tawn, state) DATE SIGNED
SIGNATURE A D TOMAL OUT	MD Laude Farin Mys 6/1/58
	7
NAME (Type) A, D, BONIF 4HT	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial June 4, 1958 Arlington No.	ational Cemetery Arlington Co., Virginia
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Silver Spring	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Mariner 6. Lumphray Silver Sprin	ng, Md. DATE THIN 3 '58 RELEASE

The last of the la	TE OF DEATH	CERTIFICA			
		area salt to union 2 1 19 -			
	THE REAL PROPERTY.				
tion in a summary in the com-	A delt per yeg son yen, out our bas sen		\$600 Total Coll.		
	Market Williams III				
	Sure and				
			1520 St. 100		5
			THE TEA	Parent A	Nation of the last
and the state of t					
to the control of the					
					CONTRACTOR OF THE PARTY OF THE
Later at the contract of	rayers, broke		, , , , , , , , , , , , , , , , , , , ,		
		da 2 200 18			

VS A15 (4) 15M 9/55

00

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5954 CERTIFICATE OF DEATH

Neg. Dist. No. 5934

1. PLACE OF DEATH a. COUNTY	Montg		MARYLAI	ND	2. USUAL RESIDENCE (W	here deceased and	lived. If institution b. COUNTY		before od	
b. CITY OR TOWN RURAL and give	(If outside corporate limitegrest town)	ts, write	c. LENGTH OF STAY IN 16yrs	1ь	c. City or town (if	•	ate limits, write R	URAL and giv	re riegrest i	lown)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	give street	1		d. STREET ADDRESS				0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Laura	rst	Middle Ann		Neel y	4. DATE OF DEATH	May	ith 3	Day	Year 1958
5. SEX Female	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED DIVORCED	_	Mar 31-16	395	9. AGE (In years lost birthday) 63 yrs.	Months D	YEAR IF U	NDER 24 HRS.
10a. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	1	KIND OF BUSINESS OR I	NDUS	TRY 11. BIRTHPLACE (Stote Buckhar		w. Va	12. CITIZ	EN OF WI	HAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
E	lenry Ter	ney			Drucill	a DeM	oss			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	IFORMANT		Add	ress		9.544
(10s, no. or onknown)	(it yes, give wor or dates or s	ar vice;			Delbert	Neely	. Germa	antown	1. Mc	1.
Conditions, if gave rise to cause (a), stating lying cause last	immediate DUE TO	, Te	mrt	a	Sign	oil,			29	Ken AS AUTOPSY
ICATIC					NOT RELATED TO THE TERM			VEN IN PAKI	PE YES	RFORMED?
OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCI	URRED). (Enter nature of injury in	Part I or Part	II of item 18.)			
20c. TIME OF INJU Hour a. n. p. m.		ar 20d. II While at wor	Not while	le. PLA faci	CE OF INJURY (Home, farr lory, street, office bldg., etc	n, 20f. (City	or town)	(Co	unty)	(State)
21. I certify to alive on	het lattended the	12×	CC //	eath	occurred at 19		he causes of city or town,	and an the		he decease lated abave DATE SIGNE
220. BURIAL, CREMATIC REMOVAL (Specify Buri	a) 5-6-5				crematory n Babtis Cl		mantow	n	Md	State)
23. FUNERAL DIRECTOR Ernest	rs signature C. Gartn	er.	Gaithersbu	irg	RA C.	D BY REGISTE	FO .	STRAR'S SIGN	NATURE	

mad 3 To San	
	A STATE OF THE STA
Caralana (area	La contraction of the contraction of
depopuers, 24	- Lacerana -
depopuers, 24	- Americans - Transmission
depopuers, 24	Tares and Tares
Stranger of the stranger of th	
	TO THE STATE OF TH
	The second secon

within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MTA	TE OF DEA	A CONTRACTOR OF THE PROPERTY O	4	
				28/487
10 mag / 10				NO STATE
	THE RESERVE			abil Len
				1000
		The second second		11951
			1.00 ALAST T	
			100	
			and the second	
				m William I
with the cut with a tribe and the decreases will ment the out. The state of the st				
			Link in the	SAME TO SE
		attention was of	I in I in	

15M 9/55

Laytonsville, Md.

DATE ITTAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05936 e. IS RESIDENCE ON A FARM? YES NO Year Day 19 IF UNDER I YEAR IF UNDER 24 HRS. Hours Min.

Rea. Dist. No

Month

yrs.

Address

Same

Months

Days

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

(Stote)

DATE SIGNED

(Stote)

and the season of the season o				
			in the	
		Lating off		
Total		1147451-7	20 mm 20 10 10 10 10 10 10 10 10 10 10 10 10 10	
A STATE OF THE STA				
		may be stalled to the		
				Salver of the
	110.3119			
HAVE BELLEVILLE TO STREET, AND THE STREET				
	John .			
			rososla si li bal	cario Lake Coher L. 1915
		or items death to		
perties in a partie con p				A CONTRACTOR
		recognision security sec		FURTHER CLIMBOOK OR SHIP
Rosella Con.	Predemo.	marg anoth	E6-1	

VS A15 (4) 15M 9/55

05937

Rea. Dist. No.

-			-						MAA. DISI	, 110.	
Y	o. COUNTY MOY	ntgomery		MARYLAND	II A STATE	ESIDENCE (W)	here deceased	ived. If instituti b. COUNTY		Mont	ission)
1	RURAL and give no	If outside carporate limit earest town) Chase	ts, write	c. LENGTH OF STAY IN 11	41	h.Ch.		te limits, write R	URAL and gi	ve nearest to	∾n)
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, gi		The second secon	11	Summe	erfiel	d Rd.		ON	A FARM?
3	NAME OF DECEASED (Type or print)	James	st	J. O	Donnel:	Lost	4. DATE OF DEATH	May		th,	Year 19 58
	sex Male	6. COLOR OR RACE White	7. MARRI WIDOWE	ED NEVER MARRIED DIVORCED	B. DATE OF BI	IRTH	9	AGE (In years lost birthday)	Manths D	YEAR IF UN	
1	during most of work	ON (Give kind of work d king life, even if retired)	done 10b. K	(IND OF BUSINESS OR IN		reland		ntry)		U.S.A	T COUNTRY
1	3. FATHER'S NAME	Unknow	m		14. MOTHE	R'S MAIDEN N		nown	3.4		
		R IN U. S. ARMED FORG		OCIAL SECURITY NO. 17	INFORMANT ulia 0	Donne	1	7 7 Add	merfi	eld R	d.
NOTA	PART I. DEA 420.0 Conditions, if a gave rise to it couse (a), stating lying couse lost.	mmediate the under- (c)	E	rterios rlerios natributing to DEATH B	Core lisalie Cores UT NOT RELATED	Heal Heal	Dog Len Len INAL DISEASE	Deserole CONDITION GIVE	PERP SOLITION IN PART	ONSET AN 150 160 19. WAS PERF YES IT	hypo lyl supposer princes
CEOTIEICATION		S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter noture	e of injury in I	Port I or Part I	l of item 18.)			<u> </u>
MEDICAL	20c. TIME OF INJUR Hour a. fr. p. m.	Y Month, Doy, Yea 19	While	JURY OCCURRED 20e. Nat while of work	PLACE OF INJUR foctory, street, of	Y (Hame, farm fice bldg., etc.	20f. (City o	r town)	(Co	iunty)	(State)
	21. I certify the alive on	at I attended the	decease 19 12 12	d from 8 1 - 3	th occurred o				and on the	date sta	e deceased ted above DATE SIGNED
		5-19-58		22c. NAME OF CEMETERY Mount Oli				ON (City, lown, of ington	,,	(Sto	ote)
23	3. FUNERAL DIRECTOR	s signature Hau	ulou	ADDRESS - Sa.	ave no	. 17	D BY REGISTRA	R 24b REGIS	STRAR'S SIGN	1	
23	3. FUNERAL DIRECTOR	thy Sai	ulou	3(3) - 3a	ane no				SI:	0 /	SISTRAR'S SIGNATURE

144 1910 p.16			
		ada da	
	Our sales of the latest		
, , ,	busles.		
and lead training 806	Liames in File		
	V 1.15		
			Control Control Control
	C AND BLOCK		
		TO THE	
	1 No. of the 1		27.1 mally field choded the d
			to (account
			Total March 1997 Annual Control
The leading the second of the	and the second s		
			BRITISHER CHOOSE APPEAR

X	1		L
4)	it.	
000	8	3	
0	T	He	
ath	3	10	J
de	and a	PIG	
fter	9	hai	
70	>	5	
hau	.9	and	
24	70	-	
.E	Œ	ge	
=	1	4	
Po	alg	ers.	
CUT	200	doc	th.
ex	Po	u C	de
pe	0	arb	fter
ate		9	0 5
ific	N V	NO.	JODE
Cer	0	re r	72 }
ath	dip	ase	.u
de	ter	ple	With
the	6	en	- tu
to	÷	F	>
t s	0	mit.	Auc
vire	900	per	
red	on.	sit	pu
30	sici	ran	-
9	phy	10	OVO
1	64	bur	rem
AN	indi	he	20
SIC	atte	as	du.
H	5.0	Se	nati
(2)	to	ō	crer
Ž,		Pa	ol.
S	e	och	Duri
E	¥ 0	det	to
×	d b	pe	Jor
0	Din	2	ā
TA	retc	shor	troi
SP	SE SE	n	egis
H	FOX	age	Je r
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by the pital or attending physician.	9	-
١	S A1	5 (4	1)
1	5M 1	0/5	7

	MARYI	.AND	STATE DEPARTA	ATE OF DEA		TIMORE, 1	Reg. Dist.	.059	138
1. PLACE OF DEATH o. COUNTY Mo:	ntgomery		MARYLAND	2. USUAL RESIDENCE o. STATE District	of Colu	d lived. If institution			ssion)
b. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16			orate limits, write R	URAL and give	nearest tow	vn)
RURAL ond give r	4		11 days	Washingt		4	17 X =	3	V
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, a	ive street		d. STREET ADDRES		7	- / /		SIDENCE
U.S. Naval		NNMC.	Bethesda, Md.	1514 17t	h Street	. N. W.			A FARM?
3. NAME OF DECEASED (Type or print)	Fir Cornelius		Middle Edward	O'NEIL	4. DATE OF DEATH	Mon Ma		Day 29	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE	AR IF UND	
Male	White	WIDOWE		Jan 27, 1	890	last birthdoy)	Months Doy	ys Hours	Min.
IOo. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDI		State or foreign o		12. CITIZEN	OF WHA	T COUNT
Mariner	rking life, even if retired		Mariner		, Mass.		US	Δ	
13. FATHER'S NAME			202 2002	14. MOTHER'S MAID	/		- 00	43	
Dennis O	INETT.			Hanna C	ROWLEY				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	TONIE	Addr	ett		
Yes, no or unknown)	(If yes, give wor or dates of s			W) Laura We	at OlMot		110		
	ATIA F			w) Laura we	SC O Nel	T, same			
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	- 11	brema				Ġ	S C	DEATH
Conditions, if a gove rise to couse (o), stoting lying cause lost.	the under-	u	ephro so	leron	3			imp	now
PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE T	FERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(c	PERFO	AUTOPSY ORMED?
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injur	y in Port I or Par	t II of item 18.)			
20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Doy, Yeo	While	NJURY OCCURRED 20e. P Not while for the control of	LACE OF INJURY (Home, actory, street, office bldg.	form, 20f. (City ., etc.)	or town)	(Coun	ity)	(Stote
21. I certify t	hat Lattended the	deceos	ed from May 19	19 58 to	May 29	19 58	that I last	saw the	deceas
olive on Ma		19/_		h occurred at 6:1	1P M, from		nd on the	dote stat	
ACTUAL SIGNATURE	Marle	4011	in Im.D.	M.D. U.S. Nav	ral Hosp	ital, NNM	IC	5-3	30-58
PHYSICIAN'S NAME (Type)	M. R. PLAUT	LT	MC, USN	Betheso	la, Mary	Land			
220. BURIAL, CREMATIC	1 4	F	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town, o	r county)	(Sto	ote)
REMOVAL (Specify Burial	6-3-58		Arlington Nat	tional	Ar	lington	V:	irgini	
23. FUNERAL DIRECTOR	S CO. 2901	(14t)	A D D D D D C C	nington 240.	REC'D BY REGIST	758 24b. REGIS	TRAR'S SIGNA		

	ICATE OF DEATH	318 (2011) 1		
CONTRACTOR OF THE PARTY OF THE				
			t tree and the	
	The the topological confi			area in
	THE RESERVE OF THE PARTY OF THE	39-15		
	٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠			
Rough I	- 67 ET (CINADO)	2p. 500.1		
	E. Partick Atmit		E Charles	
The state of the s	Control of the second of the s			
	Control of the second of the s			
	Committee of the second of the			
	Committee of the second of the			

Crace 1. For any and the second secon	HETT WE STATE				
CTACOL COLOR					
The state of the s			Δ		
Let a Course (Line Course) Le		minus nexiz		,	
The second of th			A SECTION STREET,		
COLUMN THE THE RESIDENCE OF THE RESIDENC		ANS SI, Maya	Common to be Common of	. Inputo	6 Else
	• 3	stroili		Duziveli-	.100155
				e Page	SOLICE
	Train ac	enia), two	71 - 8-112		
		Tyo Hell Filling	Abute Corpore		
The state of the s			The Salar Mysell		
			בו מיפה בחינו	Late All San	
The state of the s		The second secon	and Alberta Market Street and		
A the polyment of the state of					
towns debugget		es (4) - 40 (CC) Live Abancos d		with belowing 1 half	
	o, al kay to dop't	di transico (neoritori			
Asserted and another and a prevented a filtriood and a series of the ser		TO STORE THE STORE	ell'y job.	5-21-5	100
The state of the s		A STATE OF THE STA	, southful YE	average.	

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
1	5963 CERTIFICATE OF DEATH Reg. Dist.	No. 05240
M	CE OF DEATH OUNTY Montgomery Maryland 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE Maryland b. COUNTY	before admission)
	ITY OR TOWN (If outside corporate limits, write URAL and give nearest town) 2 hr. 55 min. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Patuxent River (U.S.Naval	
51	HAME OF HOSPITAL (If not in hospital, give street address) R INSTITUTION Naval Hospital, Bethesda, Md. #712, Married Enlisted Quarters	e. IS RESIDENCE ON A FARM? YES NO
	ME OF First Middle Lost 4. DATE Month OF OF DEATH May	Doy Year 14 19 58
	le White WIDOWED DIVORCED 14 May 1958 lost birthdoy) Months Do	YEAR IF UNDER 24 HRS. Days Haurs Min. 57
		N OF WHAT COUNTRY
	yne P. PENDERGRASS 14. MOTHER'S MAIDEN NAME Margaret Lois SIMPSON	
	S DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Father) W.P. Pendergrass (Same As	#2)
	CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: PART I. DEATH WAS CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
1	enditions, if any, which are rise to immediate (b) Prematurity	
	ing cause last. DUE TO (c)	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO 19
	ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	
	TIME OF INJURY Manth, Day, Year Mour a. m. P. m. 19 20d. INJURY OCCURRED While Not while at work at	nty) (State)
	I certify that I attended the deceased from 4 May , 1958, to 4 May , 1958, that I los ive on 4 May , 1958, ond that death occurred at 2:558, from the causes and on the	t sow the deceosed
	TUAL NATURE M.D. U.S. Naval Hospital, Bethesda,	DATE SIGNED
/	VSICIAN'S J.C. Parke, Jr., LT, MC, USN U.S. Naval Hospital, Bethesda,	
	RIAL, CREMATION, 22b. DATE THEREOF 5-7-58 22c. NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery Great Mills, Marylar	(State)
167	Mattingly, Leonardtown, Maryland ADDRESS 240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNAL DATE	ATURE
The second	25/3/4XV/	PA

	CERTIFICATE OF DEATH	
	Prof. And Company of America	
	Territoria de la companya del companya del companya de la companya	(Lawe) whene
of the restore	Branda Addres (277)	A.B. Mover How Lyol, Bestundi,
	All magazines nolls	
	TO THE STATE OF THE PROPERTY OF	
	Dal H. 1 2010 Vo.	A STATE A STATE
(for Ex mone) b		

FOR STATE HEALTH DEPT

M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate.

4 should be forwarded he Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Fage 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of 1. A. are its designated agent, prior to barial, cremotian, or removal, and in any event within 72 hours ofter death.

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

•		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	C	county monty onery MARYLAND	o. STATE M. b. COUNTY monta
	b	CITY OR TOWN (If outside corporate limits, with RURAL c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town)
И		Silver spules 14 hrs	X Laurel
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	-6	W. H. Mc Ceney Es Col. Blod	RAJ. 2 YES NO
	3. 1	NAME OF First Middle	Lost 4. DATE Month Doy Year
		Type or print) John G. Thurs	ner DEATH May 5 1958
	5. S	EX 6. COLOT OR RACE 7. MARRIED NEVER MARRIED 8.	
		male white WIDOWSO DIVORCED	2-8-95 63 yrs. Months Days Hours Min.
	10o.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRUTING most of working life, even if relired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Watshman SAnd+ Grave/ co	md M.S.C
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	J	oseish islumer	Theresa Kaab
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
		no 216-10-8023 mg	Tilda Plumer R/2 Box 120c Laurel, md
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cornary &	column sudden
	В	4-20.1 DUE TO	
		Conditions, if ony, which) (b)	
		gave rise to immediate cause (a), stating the underlying DUE TO	
ä		cause lost. (c)	
	Ž	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
1	S		YES NO
0	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY G or CONTRIBUTING G CAUSE OF DEATH.	nter noture of injury in Part I or Part II of item 18.)
		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 120f. (City or town) (County) (State)
	MEDICAL	Hour o. m. While Not while facto	ry, street, office bldg., etc.)
	~	21. I certify that I taak charge of the remains described above	ve, held an Autopsy , Inspection , Inquiry , and in my
		apinian death resulted fram: Natural causes (7), Accident	
		A Transfer castes M. Accident	J, Soldide EJ, Hollindoe EJ, Shaelerillimed Illuminer EJ
		SIGNATURE hand of Broschart	M.D. CHIEF MEDICAL EXAMINER
		SIGNATURE STATES	ASSISTANT MEDICAL EXAMINER May 5 1958
		EXAMINER'S FLANK J. BLOSCHENT	DEPUTY MEDICAL EXAMINER
	220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, fown, by county) (Stote)
	6	Purice may 8/58 Holy Redeel	mer cem. Ballo. , rind
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. RECIONY REGISTRAR 240 RECISTRAR SIGNATURE
	7	assalm Funual Home 740/ Balair 1	Rol DATE

	MONTENACINE TATEON OFFATH					
			100			PER
						- M
	1					
			Action 25 to 1			
				935 min (194)	ALC: CO.	
Marue Kourel				PERSONAL PROPERTY.		
		21,200				
					Total Control	
	O and all company of the					
	Property Transfer					
The orange	Emocratic			10 3 4 7		
			7.54 72 (15.			

moy be retained by the horizol or ottending physician. O FUNERAL DIRECTOR: A this certificate has been signed by the ottending physician and completely filled in by the fune page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death.

00

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

TO FUNERAL DIRECTOR:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5961 **CERTIFICATE OF DEATH** Reg. Dist. No. (15942

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Mon cgomery	Maryland Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
10537 Wheatley Street	10537 Wheatley Street
3. NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year
(Type or print) ROLLA ESTES	OLLAR DEATH May 22 1958
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min
Male White WIDOWED DIVORCED	Nov. 26, 1897 60 yrs. 5 26 Haurs Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Metalurguist	Missouri US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wallace Pollard	Evelyn Park
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address
	abel C. Pollard, same as 2d
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last. Conditions (b) DUE TO Lying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	INTERVAL BETWEEN ONSET AND DEATH TO NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
5 Dealines 15 ot at ans to	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work 10 of	ACE OF INJURY IHame, farm, 20f. (City or town) (County) (State) clory, street, office bldg., etc.)
21. I certify that I attended the deceased from alive on 51 2-25, 19, and that death	n occurred at, 19, that I last saw the deceased, 19
PHYSICIAN'S NAME (Type) Samuel Allen, M.D.	Kensington Meryland
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF SEMOVAL (Specify) 5/26/58 Arlington	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
D 11 17	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda, Ma	aryland DATE Wireduch

Table by I have been seen and		FORT CERTIFICA	
the state of the s	COMPANY OF STREET	SHALLOW	
	Cutoff or Foundation	SUBSTRUCTION OF SUBSTRUCTION	The Late of the Control of the Contr
Comment of the second	ATTENDANCE OF THE SAME OF	The state of	
ALE ALL AND LINE AND AREA		A Dance Street & Land	
25 1 2 1 2			CONTRIBUTE OF SERVI
Miles of Area and the Control of the Control			
	trunk 15 15		a long and
	ay leva		
	The second second		San August Select of
			THE RESERVE AND ADDRESS OF THE PARTY OF THE
			FOR BUILDING
and the second second	70 a		
	M.M. Marrier		
			STORES HE CORP. CONTRACTOR SHARES

TO HOSPITAL OR ATTENBING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	Z
may be retained by the spital or attending physician. TO FUNERAL DIRECTOR for this certificate has been signed by the attending physician and campletely filled in by the fundamental director.	51
page 3 should be detained for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should, with	-
the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death.	_

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1

	MARYLAND 596	STATE DEPARTM	NENT OF HE ATE OF DE		TIMORE, 1	Reg. Di	ω	50.	13
1. PLACE OF DEATH o. COUNTY MON	ntgomery	MARYLAND	o. STATE	NCE (Where decease	ed lived. If instituti b. COUNTY	anı Residen	ice before	e odmiss	ion)
RURAL and give n	(If autside corporate limits, write learest tawn) 12.5 CU.S	c. LENGTH OF STAY IN 16	111	WN (If outside corp.	orate limits, write R				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street	address)	d. STREET ADD	DRESS			•		FARM?
3. NAME OF DECEASED (Type or print)	Fint Purdur	Middle n Po	ole	4. DATE OF DEATH	Ma.v	17	Doy		Yeor 19 58
5. SEX Male	White WIDOW	RIED NEVER MARRIED	B. DATE OF BIRTH	1897	9. AGE (In years lost birthdoy) 60 yrs.	Months	-	Hours	ER 24 HRS. Min.
during most of wor	ON (Give kind of work done 10b. rking life, even if retired) Jed Milk Trans	kind of Business or Indu Sport Busine	ss Pur	E (Stote or foreign of dum Md	country)	12. CIT	USA		COUNTRY
13. FATHER'S NAME R. Ne	wton Poole		14. MOTHER'S M	trude P	urdum				
15. WAS DECEASED EVI (Yes, no. or unknown) NO	ER IN U. S. ARMED FORCES? 16. (It yes, give wor or dates of service)	50CIAL SECURITY NO. 17. I	rs Ethel	J. Poo	le. Dama		. M	d.	
	ATH [Enter only one cause per li						INTE	RVAL BE	TWEEN

Conditions, if any, which (b) prior to death) gave rise to immediate DUE TO cause (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Moderate hypertension.

20a. ACCIDENT WAS UNDERLYING | 70b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER) YES NOT 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work 21. I certify that I attended the deceased from March 14., 19.58, to May 11. 19.58 that I last saw the deceased and that death occurred at 8:15AM, from the causes and an the date stated above.

(first attack 13 d sys and second attack 1

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) McKendree Bover

Druid Theatre Building. Domoscus. Morvlond.

DATE SIGNED

ADDRESS (Street, city or town, state)

NC,	22b. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county)	(Ste
1)	75 77 7050	361 00		

Mt. Olivet Frederick 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR Damascus, Md.

220. BURIAL, CREMATI

MARYLAND STATE DEPARTMENT OF HEALTH-HALTIMORE, 10

	H1830 10 31			
	Maria de la companya del companya de la companya del companya de la companya de l			5,000
				APP
The the Distorate				
		.085.00.004		
	TENEDOLES IN CONTRACTOR	A CONTRACTOR OF THE STATE OF	ę	
Single 18918	Chell of Condition			
			ing Splice,	
				1.46.00
	William to the state of the last			

FOR STATE HEALTH DEPT.

HEALTH DEPT.

I

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certificate, ing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded he Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your or the FUNERAL DIRECTOR: Tage 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of the or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death. execute the certificate, 4 should be forwarded TO FUNERAL DIRECTOR:

Q 2 Q VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

50C1 Item o	FilmG	229 5-20-50 et		Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	o. STATE Maryl	b. COUNT	ution: Residence before admission) Y Montg
b. CITY OR TOWN (If outside corporate limits, write RURAL and give regret town) Potomac 1 yr	STAY IN 16	c. CITY OR TOWN (If out		RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street or	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
7 Admirals Way		7 Admir		YES NO
3. NAME OF DECEASED (Type or print) Corinne Robert Red	dgrave	Caralle and the second second	DEATH May 1	
6. COLOR OR RACE 7. MARRIED NEVER MA female White WIDOWED DIVOR	ARRIED 8.	12/18/186	9. AGE (In years foot birthday) 91 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS during most of working life, even if retired) 10b. KIND OF BUSINESS	S OR INDUSTR	N.Y.	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
Henry M. Robert		Helen Thr	esher	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY [Yes, no. or unknown] [(If yes, give wor or dates of service)	/ NO. 17. IN	FORMANT	Address	
	Ad	m. W. M. Ha	gue Same a	s # 2
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)				OF OUT OF A
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Acute Myoc	cardit	is		dead in
442X DUE TO				bed.
Conditions, if ony, which) (b) Chronic Ca	ardio-	renal desea	ase	2 yrs
gave rise to immediate cause (a), stating the underlying DUE TO				
couse last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO E	DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X
	CCURRED. (En	nter nature of injury in Port I o	r Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeor While Not white of work of wark [facto	E OF INJURY (Home, form, ry, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I taok charge af the remains descr	ribed abay	ve, held an Autapsy [, Inspection 🔀	, Inquiry 🔽 , and in my
opinian death resulted from: Natural causes 🕱. A	Accident []. Suicide [], Hor	micide . Undete	ermined manner
ACTUAL SIGNATURE Joseph J. Branchar	+	_M.D. CHIEF MEDICAL EXAM		DATE SIGNED
EXAMINER'S NAME (Type) Frank J. Broschart		ASSISTANT MEDICAL EXAM	MINIED (7)	19.1958
220. BURHAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CI PREMOVAL (Specify) 5-10-1956 LEES.	EMEYERY OR	CREMATORY 220	WACL	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	UNEW	240. REC'D BY	REGISTRAR 246. REGI	STRAR'S SIGNATURE
LEE FUNERAL HOME 300.4th	ST 1	15. DATEMAY 2	2 1 '58 Que.	Leouth

		CAL EXAMINER'S	KORM COLON STATE
	The latest time to the second	The state of the s	
A STATE OF THE STA			
	in the stemplast		
	reserved as a		Toni tono, hi simila
			THE RESIDENCE OF STREET OF STREET
			Of the
		-in the stopped	Const. Co
			Market Street
	Principal - Thomas Artist		
		A State of the St.	
	Carried marking		BO. Tolorens
	7.5		
	as average with all the	Attacked to the second	

	, itte	KILAIND SIA	IL DEI MI
>		5965	CERTIFI
	1. PLACE OF DEATH "Montgomery		MARYLAN

Place of Death Multigomery	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence be o. STATE b. COUNTY Maryland	efore admission)
b. CITY OR TOWN (If outside corporate limits, write SILVAL and give secrest town)	c. LENGTH OF STAY IN 16	c. CITY OF TOWN (If autside corporate limits, write RURAL and give silver Spring 56	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d STREET ADDRESS	e. IS RESIDENC

020 Gist Ave. 820 Gist Ave. YES NO NAME OF Middle 4. DATE Month May 12, 1958 10 Minerva Reeber DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. female Months WIDOWED 🙀 85 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Voght Unknown 17. INFORMANT 16. SOCIAL SECURITY NO. 820 Gist Ave. Silver Spring. Lillian M. Engel 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO ATHEROSCLEROSIS Conditions, if any, which gave rise to immediate DUE TO cause (o), stoting the underlying cause lost.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 19

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)

WEDICAL 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year (State) (County) factory, street, office bldg., etc.) O. m. Not while at work at work AUG. 1952 to 12 MAY, 1955 that I last saw the deceased 21. I certify that I attended the deceased from,

alive an 12 MAY ..., 1958 , and that death accurred at 9 M, from the causes and an the date stated above.

M.D. 9013 FLOWER AVE. 13 MAY 1958 1.B Smow ACTUAL SILVER SPRING, MARYLAND PHYSICIAN'S NAME (Type

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county) (Stote)
removal (Specify) 5/15/58	Lutheran Cemetery	Maspeth, L.I. New York
23. FUNERAL DIRECTOR'S SIGNATURE 290	01 Persh St. N.W. 240.1	REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE
The S H Hines Co We	abineton O D C love	158

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 3 should

ed with

VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	THE RESERVE OF THE PARTY OF THE	NUMBER OF STREET		
	THE PARTY OF			
				20 1000
	The second second			
	er same estrini W		High metronal in 21	
				100,000
S 18 11 S 11				
		912.0	Taket a	Edit of the

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 FOCC

05946

	390	00 CERTIFICA	AIE OF DEATH			Reg. Dist. No.	OTTO
1. PLACE OF DEATH a. COUNTY	Montg	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	THE COURSE OF TH	d. If institutio b. COUNTY	n: Residence before	admission)
b. CITY OR TOWN (II RURAL and give ne	f autside corporate limits, write arest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a		limits, write RL	IRAL and give near	est fown)
	ersburg	4 wrs	X Gaithers	burg			
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, give stree	t address)	d. STREET ADDRESS	Summit	Ave	•	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF	Mont	h Day	Year
	Stewart	Luther	Repass	DEATH	May	23	1958
5. SEX	6. COLOR OR RACE 7. MAI	RRIED W NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years st birthday)	Months Days	Hours Min.
Male	White WIDOV	VED DIVORCED	Jan 12-189		63 yrs.	4 7	Min.
On USUAL OCCUPATIO	ON (Give kind of work done 10bing life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote		y)	12. CITIZEN OF	WHAT COUNT
Retired		Warming	BustGar	don We		TT C A	
3. FATHER'S NAME	T. M. L. M. L. L.	La DETHE	14. MOTHER'S MAIDEN N		•	I U D A	
Sam	RINU. S. ARMED FORCES? 16		Martha NFORMANT	Jane	₩wne		
(Yes, no, or unknown)	(If yes, give war or dates of service)	S. SOCIAL SECURITY NO. 17. I			Addre		
			Howard E. R	anass.	Gaith	ersburg	Md
	TH [Enter only one couse per	line for (o), (b), and (c).]		^			VAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	leute (many	Va	lune	on I	A d
420.0	DUE TO	-1 71.	1/	0 ,	4	2	Maril
Canditians, if a	av subjeb)	un vinger	andras	rye	un	na	neory
gave rise to in	nmediate			0	h		7
lying cause last.		rterina	evotu /	leans	De	un 2	Kuc
PART II. OTH		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CO	NDITION GIVE	N IN PART 1(o) 19.	WAS AUTOPSY PERFORMED?
3							YES NO
(IF EITHER, NOTIFY	S UNDERLYING 206. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Port II o	fitem 18.)		
20c. TIME OF INJURY Haur a. ft. p. m.			ACE OF INJURY (Home, farm,		own)	(County)	(Stote
Haur a. ft. p. m.	19 While		ctory, street, affice bldg., etc.				
21. I certify th	gt I attended the decea	sed from	1954, to V	roles 2	195/	that I last say	v the decea
alive on	hay 2/ 19	Jana that death	occurred at la	M. from th	e couses of	nd on the date	stated abo
7				DORESS (Street,			DATE SIGN
ACTUAL SIGNATURE	ail Silve	muchen	" Dali	then	Inc	chil.	5-74
310141014	2				1	fryd - Hit - m	
PHYSICIAN'S NAME (Type)	ack Jc	humach	reip M.D			13950	
22a. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	(City, town, or	r caunty)	(State)
- Burial	5-27-58	Park Lawn		Rock	villa.	(Rural)	Md.
3. FUNERAL DIRECTOR	SSIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR	-	TRAR'S SIGNATURE	
Ernest C	. Gartner (aithersburg.	Md . DATE		000	Concelo	

D FUNERAL DIRECTOR the this certificate has been signed by the attending physician and campletely filled in by the f page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shou the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. may be retained by the TO HOSPITAL OR VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4

SOCA CENTRICATE OF DEATH OF THE PARTY OF THE
en en en la lactica de lactica del lactica de lactica de lactica de lactica de lactica del lactica de l
And a part of deficient and second se
Apraness manual agreement and agreement agreement and agreement agreement and agreement agreement and agreement agreemen

BI . SROMILLA SEMILLA SE RO TYPINTE ASSIT

VS A1S (4) 1SM 10/S7

1		-/-
or,	with .	1
rector	» Pa	M
	1	

50

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5967 CERTIFICATE OF DEATH

	keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Michigan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
Bethesda 58 days	Rockford 59x-3
d. NAME OF HOSPITAL (II not in hospital, give street address) OR INSTITUTION The Coldest and Control of the Coldest and Control o	d. STREET ADDRESS e. 1S RESIDENCE ON A FARM?
The Clinical Center, Bethesda 14, Md.	160 Krause Street YES □ NO □
3. NAME OF First Middle DECEASED (Type or print) Richard Fredrick	Lost 4. DATE Month Doy Yeor Rericha DEATH May 15, 1958
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
Male White WIDOWED DIVORCED	November 8, 1927 lost birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	USTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT
Artist Furniture	Illinois U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Rericha	Mae Frosch
	INFORMANT The Medical Record Address
Yes 1946-1947 Unavailable	The Clinical Center, Bethesda lh, Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL 8ETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PERFORATION	OF CEEUM 4 days
2043 DUE TO	
	ERALIZED PERITONITIS
gave rise to immediate cause (a), stating the under DUE TO	
tying cause lost. (c) ACUT2 MYEL	- COENOUS LEUKSMIA 1 cp.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 81	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES 🙀 NO [
	RED. (Enter nature of injury in Port I or Port II of item 18.)
Hour a. m. While Not while	PLACE OF INJURY IHame, form, 20f. (City or town) (County) (State of the bldg., etc.)
27	0 50 15 50
21. I certify that I attended the deceased from March 1	1/2 10
alive on May 15 , 19 58 , and that deat	th accurred at $8:05$ BM, fram the causes and on the date stated abo
	ADDRESS (Street, city or town, state) DATE SIG
SIGNATURE Edleran Co. Show	M.D. The Clinical Center 5/16/58
PHYSICIAN'S Edward W. Moore, M. D.	The National Institutes of Health Bethesda 11, Maryland
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	
REMOVAL (Specify)	s Cemetery Grand Rapids, Michigan
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey, Bethesda, Mar	ryland May 19'58 Cool ~/

MANY SAND STATE DEPARTMENT OF REALTH-INVENTED HI ARE TO SEADER VIEW The beaution THE SHARE WELL AND A STATE OF THE PARTY OF T the CM that January Late heads and they will be the second of mail and the desired the second of the secon ACTION . The army settlements, servings the same TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

pital ar attending physician. By the attending physician and campletely filled in by the funt rethis certificate has been signed by the attending physician and campletely filled in by the funt far use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 should cremation, ar remaval, and in any event within 72 hours after death.

may be retained by the TO FUNERAL DIRECTOR: page 3 should be detached the registrar prior to buriol,

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5968 **CERTIFICATE OF DEATH**

Reg. Dist. No. 71-5948

1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE NEW YOU	here deceased lived. If institu ${f r}{f k}$ b. COUNT		dmission
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (Rural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporote limits, write	RURAL and give nearest	town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION U.S. Naval Hospital, Bethes	oddress)	d. STREET ADDRESS			S RESIDENCE ON A FARM?
3. NAME OF First DECEASED (Type or print) William	Middle Phillips	RICHENS	4. DATE MC	onth Doy	Yeor 19 58
5. SEX 6. COLOR OR RACE 7. MARRI Male White WIDOWE	IED NEVER MARRIED	8. DATE OF BIRTH 21 Sept. 19	9. AGE (In years lost birthday)	Months Doys Ho	
10a. USUAL OCCUPATION (Give kind of work done 10b.)				12. CITIZEN OF W	HAT COUNTRY
13. FATHER'S NAME George RICHENS		14. MOTHER'S MAIDEN N Mabel ARMANT			
	EE OO HOOD !	NFORMANT ather) Mr. Ge		dress	
course (a) stating the under DUE TO	ie for (o), (b), and (c).] NETASTATI ARCIMA SCE A		Soft		AL BETWEEN AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS C				Pi	VAS AUTOPSY ERFORMED? S NO
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While	JURY OCCURRED 20e. PLA Not while foc	ACE OF INJURY (Home, form tory, street, office bldg., etc.	, 20f. (City or town)	(County)	(Stote)
ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S	, and that death	accurred at 8:00A	*M, fram the causes ADDRESS (Street, city or town Hospital, Be	thesda, Md.	tated abave
PAME (Type) W.J. CHAMPION, LC 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 5-8-58	DR,MC,USN 22c. NAME OF CEMETERY OF Northville C	R CREMATORY	Hospital, Bet 22d. LOCATION (City. town. Northville,	or county)	(Stote)
23. FUNERAU DIRECTOR'S SIGNATURE CHambers Funeral Home 1406	ADDRESS Washing	ton, D. C 240. REC'I	D BY REGISTRAR 24b. REG	HISTRAR'S SIGNATURE	

Seculos I		
	produced to the product of the produ	
	produced to the product of the produ	
The state of the s		
The state of the s		
00 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
100 Tax 1		
	X 2 140 1 14	
		LIST ME TENNE
and the state of t	5 9 E 3 E 5 E 9	(50 - 250) 15
The state of the s	No. of St. Co., and St. Line of St.	
placed at a branch and call a contract to		
growth and the control of the contro		
W. All appropriate and the first description of		
United the construction of the construction		Sed Talana
The state of the s		

M

MARYLAND ST	ATE DEPARTMENT	OF HEALTH—BALTIMORE	, 18
5969	CERTIFICATE	OF DEATH	Re

		1)	594	0	
Reg.	Dist.	No.	CEUTE	17	

o. COUNTY Mont	gomery .		MARYL		o. STATE Virgin		ed lived. If inst b. COUI		nce before	odmission)
	If outside corporate lim	its, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (IF	outside corp		te RURAL ond	give neare	est fown)
d. NAME OF HOSPIT	TAL (If not in hospital,	give street			d. STREET ADDRESS	OHOL OF		3 24 3/ = 2	e.	IS RESIDENCE
U.S. Naval	Hospital,	Bethe	sda, Md.		6712 N.	Washi	ngton E	lvd.		ON A FARM? YES NO 🔯
3. NAME OF DECEASED (Type or print)	Fi Ir	rst Va	Middle Curtis	ROBE	RTSON	4. DATE OF DEATH		Month lay	Doy 4	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED MEVER MARRIED	8. D.	ATE OF BIRTH	23/40	9. AGE (In ye			UNDER 24 HRS.
Female	White	WIDOW	Daniel Control	- E	Nov. 1878		79	yrs. Months	Doys	Hours Min.
10a. USUAL OCCUPATION during most of work Housewife	ON (Give kind of work king life, even if retired)	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (SION		country)	12. CIT	U.S.	WHAT COUNTRY?
13. FATHER'S NAME		1220	THE CHILLS	14	. MOTHER'S MAIDEN				0.0.	
Alexander	Mason CURT	TS			Roberta	HUME				
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. INFO		TOPIE		Address (Co-	- A -	40)
No. or unknown)	(If yes, give war or dates of t	service)	Unknown	(Hus	band)Holco	mbe Mc		Address (Sar ROBER		#2)
18. CAUSE OF DEA	TH [Enter only one co	ouse per li	ne for (o), (b), and (c).]						INTER	VAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	, R	resiratos	my &	Carpone				ONSET	AND DEATH
Conditions, if o gove rise to i couse (o), stoting	mmediote (1/6	Bron cho	geni	e Care	ino	m		3	months
PART II. OTH PART II. OTH 20a. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY) (c HER SIGNIFICANT CON		CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERM	MINAL DISEAS	SE CONDITION	GIVEN IN PAR		WAS AUTOPSY PERFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Er	nter noture of injury in	Port I or Por	t II of item 18.)	1.18		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	or 20d. II While of wor	Not while	Oe. PLACE of factory,	OF INJURY (Home, for street, office bldg., et	m, 20f. (City	y or town)	(0	County)	(Stote)
alive an 4 M	at I attended the ay 1958 Just Obert G. Mu	19	Much	death acc	U.S. Naval	A.M. from	n the cause treet, city or to tal, Be	s and an them, stote) thesda	he date	the deceased stated above. DATE SIGNED 5-5-58
					U.S. Naval				, MO.	
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	5-8-58		Warrenton			The second second second	nton, V		a	(Stote)
23. FUNEXAL DIRECTOR	0 1 1	oh st	Warrenton	N/a.	DATEM A	'D BY REGIS	TRAR 24b. RI	GISTRAR'S SIG		
OHAL TOB MOB	TOT 9-TO HT	54 00	• • • • • • • • • • • • • • • • • • •	, va.	IDAIRMA	(1 1 3	100	· II - YEAR		

MIASO TO STADING OF DEATH THE RESERVE . Oxide from the first and the same to be said the first of the said. net Erlenis zakynjejúreu terak kaje svat The state well as I there is a second of second SECTION AND VALUE OF THE PARTY 75 ch 256) [[[1] ACCOMPANY AND AS NOT THE PARTY OF THE PARTY and the state of t And the state of t VS A15 (4) 15M 10/S7 05950

5970 CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH	Montgomery		MARYLAND	o. STA	TE	1000	lived. If instituti b. COUNTY	on: Resider	nce befor	re admiss	ion)
-		outside corporate limits, write	c. LENGT	H OF STAY IN 16	1	t Virgii	IN SOCIAL SECTION	ote limits, write R	LIPAL and	give neo	rest town	2) /
	RURAL and give ned	arest town)						ore timilis, wille k	OKAL ONG	give neo	esi iowi	',
	Bethesda	AL (If not in hospital, give stre	et oddress)	6 days	1	nt Albar	ns		X O	X	e. IS RES	IDENICE
	OR INSTITUTION	al Center, Be		al wa			-leroni e	Avenue			ON A	FARM?
1			ulesua		205						AF2	NO 🔀
3.	NAME OF DECEASED	First		Middle	D	Last	4. DATE OF	Mon		Do	,	Year
-	(Type ar print)	Charle	-	Howard	0	want	DEATH	Ma	9	23		1958
15.	SEX	6. COLOR OR RACE 7. M			8. DATE OF			9. AGE (In years lost birthday)	Months	Days	Hours	ER 24 HRS.
	Male		WED 🗌		-	mber 12		53 yrs.		Days	710015	min.
10	during most of working	N (Give kind of work done 1) ng life, even if retired)	b. KIND OF 8	IUSINESS OR INDU	STRY 11. B	RTHPLACE (State	ar foreign co	untry)	12. CII	IZEN O	F WHAT	COUNTRY
1	Beautician		Beauty	shop	30.0	Ohio			1.53	U.	S. A	
13	. FATHER'S NAME				14. MOT	HER'S MAIDEN	NAME					
	Charles A.	Rywant			M	ary E. (Chandle	r				
	. WAS DECEASED EVER	IN U. S. ARMED FORCES?	6. SOCIAL SE	CURITY NO. 17.				lecord Add	ress			
1	No. or onenown)	f yes, give war or dates of service)	nascer	tainable						L M	amel	and
F	18. CAUSE OF DEAT	H [Enter only one couse per			IIIC C	the start of the Contract	OCHOCL	. De one	ove 1		RVAL BE	
Н	PART I. DEAT	H WAS CAUSED BY:	-cal-	anic a	1111	044	1 1/2	1.14	12.00	ONS	ET AND	DEATH
	162.1	IMMEDIATE CAUSE (o)	Ances -					uffe	buc	4		
		WETO X	rue ce	uth meta	arose	L to le	angs 7	pleu	un.			
	Conditions, if on gove rise to im	mediate (D)					0	-				
	couse (o), stoting th											
Z	lying couse lost.) (c)										
101	PART II. OTHE	ER SIGNIFICANT CONDITION	CONTRIBUTI	ING TO DEATH BUT	NOI RELAI	ED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PAR	T 1(a) 15	PERFO	RMED?
Į.					11 1						YES 🛂	NO 🗆
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEATH	ESCRIBE HOW	INJURY OCCURRE	D. (Enter no	ture of injury in	Part I ar Part	11 of item 18.)				
		MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJURY Hour o. m.		INJURY OCC		ACE OF INJ	URY (Home, farm	n, 20f. (City	or tawn)	(County)		(State)
AEC	p. m.	19 Whi	le Not v	niic	ciory, arreer,	onice bidg., en						
	21 I certify the	ot I ottended the dece	sed from	Septembe	r 9 10	57 10	May 2	3 , 1958	that I	last sa		4
	olive an			and that death			חוו ב	11	,mor i	last so	w the	aecease
	Olive dil	1		and mai deair	accorre	OIELECT		eet, city or town,		he dot		ed abave ATE SIGNE
П	ACTUAL	Voan Z	, Ves		Th	e Clinic			storej		5-21	
	SIGNATURE	ale the	you		m.D.			tes of	1227		2-44	-50
	PHYSICIAN'S NAME (Type)	Poron Toston	M D						-ear u	I.Y.		
1		Roger Lester,	Na Da			thesda .						
E	REMOVAL (Specify)	5-27.58	//	NE OF CEMETERY O	cari	Cem	22d. LOCATI	ON (City, lowers	or jounty)	ra	(State	· Va
23	FUNERAL DIRECTOR'S	SIGNATURE	ADDR	ESS O	1. 00	24a. REC	D BY REGISTR	AR 24b. REGIS	TRAR'S SI	GNATUR	E	
K	veay J.	uneup 1	me	18/1-0	alle	DATE	MAY 2 6	'58 (81	ehe.	Chies		
-				111111	-11-11						_	

THE CERTIFICATE OF DEATH and a transport of the post of the control of the c . . . reflered to the the about the control topically bell and analysis and Service and the country of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5971 CERTIFICATE OF DEATH

05951

Reg. Dist. No. 215

o. COUNTY Mon	tgomery		MARYLAN	- 11	o. STATE Distric		Columnity		ce beto	re admissi	on)
b. CITY OR TOWN (If	autside carporate limit	s, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (If o	utside corpo	orate limits, write f	RURAL and	give nec	rest town) V
A-	- 1		8 days		Washing	gton	4	-7 x.	. 3		
d. NAME OF HOSPITA	L (If nat in hospital, gi	ve street	oddress)		d. STREET ADDRESS					e. IS RESI	DENCE
U.S. Naval	Hospital,	Bethe	esda, Md.		1927 "9	5" Sta	eet, N.W	7.			NO 29
3. NAME OF DECEASED (Type or print)			Middle Raymond		SAVOY	4. DATE OF DEATH			Do 6	'	eor 9 58
S. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	8. 0	ATE OF BIRTH		9. AGE (In years		1 YEAR	IF UNDE	R 24 HRS.
Male	Negro	WIDOWI	DIVORCED	14	January 19:	18	46 yrs.	Manths	Days	Hours	Min.
General Off	ng life, even if refired)										COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	IAME					1
James Raymo	nd SAVOY				Wilma Mason	GREE	MEE				
15. WAS DECEASED EVER	IN U. S. ARMED FORCE	CES? 16.								1101	-
yes 10-9-42	to 11-7-4	5	V	Vife	, Mrs. Char	lita 1	H. SAVOY	(Same	As	#2)	
Conditions, if an gave rise to im cause (a), stating the lying cause lost.	JAMEDIATE CAUSE (o) DUE TO y, which the under: (b) DUE TO (c)		raniz z la	ary)	ngiom				3		
PART II. OTHE	EK SIGNIFICANT CONL	OTHORS C	CONTRIBUTING TO DEATH I	BUTNO	FRELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PART	[1(a)] 1	PERFO	NO 3
	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter nature of injury in F	ort i ar Par	t II of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While	Nat while	factory	, street, office bldg., etc.	20f. (City					(State)
alive on MACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Edw 22a. BURIAL, CREMATION REMOVAL (Specify) BUT 181 23) FUNDERAL DIRECTOR'S	in M. Hemn 22b. DATE THEREOU 5-9-58 SIGNATURE 2:0	ess,	LT, MC, USN 22c. NAME OF CEMETERN Arlington I	TA:D	U.S. Naval U.S. Nava EMATORY 1 Cemetery	AM, from ADDRESS (S HOSP 1 HOS 22d, LOCA Arl D BY REGIS	n the causes of treet, city or town, ital, Bet pital, Bet TION (City, town, ington, TRAR 24p-REG!	and on the state) the sdate the sdate or county) Virgin	Ma, Maia	d	d above TE SIGNED 5-6-58
	RURAL and give net Bethesda (R d. NAME OF HOSPITA OR INSTITUTION U.S. NAVAI 3. NAME OF DECEASED (Type or print) 5. SEX Male 10a. USUAL OCCUPATION during most of worki General Off 13. FATHER'S NAME James Raymo 15. WAS DECEASED EVER (Yes, no. or unknown) yes 10-9-42 18. CAUSE OF DEAT PART I. DEAT Query of the county of	RURAL and give nearest town) Bethesda (Rural) d. NAME OF HOSPITAL (If not in hospital, gi OR INSTITUTION U.S. Naval Hospital, 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE Male Negro 10a. USUAL OCCUPATION (Give kind of wark of during most of working life, even if refired) General Office Work, 13. FATHER'S NAME James Raymond SAVOY 15. WAS DECEASED EVER IN U. S. ARMED FORK (Yes, no. or unknown) Yes 10-9-42 to 11-7-4 18. CAUSE OF DEATH (Enter only one cou PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) gave rise to immediate couse (a), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONE YOU OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE) 20b. TIME OF INJURY Month, Doy, Yea Hour o.m. p. m. 19 21. I certify that I attended the alive on May ACTUAL SIGNATURE PHYSICIAN'S NAME 19 21. I certify that I attended the alive on May ACTUAL SIGNATURE PHYSICIAN'S NAME 19 21. J CERTIFY THAT I ATTENDED PHYSICIAN'S NAME (Type) Edwin M. Hemm 22a. SURIAL, CREMATION, [22b. DATE THEREO REMOVAL (Specify) BUT 131 23 FUNDERAL DIRECTOR'S SIGNATURE 2.0	RURAL and give nearest town) Bethesda (Rural) d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION U.S. Naval Hospital, Bethe OR INSTITUTION U.S. NAME OF DECEASED [Type or print] S. SEX 6. COLOR OR RACE 7. MARK Male Negro WIDOWN 10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if refired) General Office Work, U. 13. FATHER'S NAME James Raymond SAVOY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 16. CAUSE OF DEATH [Enter only one cause per life of the part I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) 17. I DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under DUE TO Continue Due To C	RURAL and give necrest lawn] Bethesda (Rural) d. NAME OF HOSPITAL (If not in hospital, give street address) U.S. Naval Hospital, Bethesda, Md. 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE Negro WIDOWED DIVORCED OR USUAL OCCUPATION (Give kind of work dane during most of working life, even if refired) General Office Work, U.S. Civil Serv 13. FATHER'S NAME James Raymond SAVOY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No. no. or unknown) Yes 10-9-12 to 11-7-45 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate gave rise to immediate cause (o), stating the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH II. OR CONTRIBUTING CAUSE OF DEATH Hour o. m. 19	RURAL and give neorest town) Bethesda (Rural) d. NAME OF HOSPITAL (If not in hospital, give street oddress) U.S. Naval Hospital, Bethesda, Md. 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED Never MARRIED 8. D Name Negro WIDOWED DIVORCED 14 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) General Office Work, 13. FATHER'S NAME James Raymond SAVOY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO Wife Wife Wife Wife Wife Wife 18. CAUSE OF DEATH Enter anly one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED 89: IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate cause (o), stating the under lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (E) OR CONTRIBUTING CAUSE OF DEATH (F) INJURY MEDICAL EXAMINER 20c. TIME OF INJURY MEDICAL EXAMINER 20c. TIME OF INJURY MEDICAL EXAMINER 21. I certify that I attended the deceased from 28 April alive on MAY 19 58 , and that death occurred work 19 58 , and that death o	Rethesis (Rural) 8 days Washing ANAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION U.S. Naval Hospital, Bethesda, Md. 1927 18 1927 1938 1948	Retherda (Rural) d. NAME OF HOSPITAL (If not in hospital, give street oddress) U.S. Naval Hospital, Betherda, Md. 3. NAME OF HOSPITAL (If not in hospital, give street oddress) U.S. Naval Hospital, Betherda, Md. 3. NAME OF HOSPITAL (If not in hospital, Betherda, Md. 4. DATE OF DECEASED (Type or print) S. SEX 4. O. COLOR OR RACE 7. MARRIED Never MARRIED B. DATE OF BIRTH Male Negro WIDOWED DIVORCED 14 January 1918 100. USUAL OCCUPATION (Give bind of work done odring move of working the even if retired) General Office Work, U.S. Civil Service Washington, D. 13. FATHER'S NAME James Raymond SAVOY 15. WAS DECEASED EVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Wile, Mrs. Charlita 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY. 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY. 19. PART I. DEATH WAS CAUSED BY. 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DEATH (FIELDER) AND COURSED Wile W	Rethesda (Rural) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital (If not in hospital) J. NAME OF HOSPITAL (If not in hospital (If not in hospital) J. NAME OF HOSPITAL (If not in hospital (If not in hospital) J. NAME OF HOSPITAL (If not in hospital (If not in hospital) J. NAME OF HOSPITAL (If not in hospital (If not in hospital) J. NAME OF HOSPITAL (If not in hospital (If not in hospital) J. NAME OF HOSPITAL (If not in hospital (If not in hospital) J. NAME OF HOSPITAL (If not in hospital (If not in hospital) J. NAME OF HOSPITAL (If not in hospital (If not in hospital) J. NAME OF HOSPITAL (If not in hospital (If not in hospital) J. NAME OF HOSPITAL (If not in hospital (If not in hospital) J. NAME OF HOSPITAL (If not in hospital (If not in hospital) J. NAME OF HOSPITAL (If not in hospital) J. NAME OF HOSPITAL (If not in hospital (If not in hospital) J. NAME OF HOSPITAL (If not in hospital (If no	Rethesda (Rural) d. NAME OF HOSFITAL (If not in hospital, give street oddess) d. STREET ADDRESS U.S. NAVAI Hospital, Bethesda, Md. 1927 "S" Street, N.W. 1928 "Addie Department of SAVOY of SAV	RUAL and give received from 1 Bethes 68 (Rurs) d. NAME OF HOSPITAL [If not in hospital, give street oddress) ON INSTITUTION HOSPITAL [If not in hospital, give street oddress) ON INSTITUTION HOSPITAL [If not in hospital, give street oddress) ON INSTITUTION HOSPITAL [If not in hospital, give street oddress) ON INSTITUTION HOSPITAL HOSPITAL JOHN RAYMOND SAVOY 15 Street, N.W. JOHN RAYMOND JAMES SAVOY JAMES BELESAND JAMES JAM	RURAL ond give receives lown Bethes 68 (Rural) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS ON INSTITUTION HOSPITAL (If not in hospital) John Raymond SAVOY DATE ON INTERVAL SAVOY DATE Month Day ACE (In years FUNDER PIREL FUNDER PIREL Wisher or pirel) John Raymond SAVOY DATE Month Day ACE (In years FUNDER PIREL FUNDER PIREL Wisher or pirel) JOHN RAY ON INTERVAL BETHELECK (Stole or foreign country) 100. USUAL OCCUPATION (Give kind of work done) (bc. KIND OF BUSINESS OR INDUSTRY 11. BISTHPLACE (Stole or foreign country) Washington, D. C. 103. FATHER'S NAME 104. MOTHER'S MAIDEN NAME VES 10-9-12 to 11-7-12 S. WAS DECEASED VER IN U. S. ARMED FORCES? IS. WAS DECEASED VER IN U. S. ARMED FORCES? S. WAS DECEASED VER IN U. S. ARMED FORCE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 pital ar attending physician.
It this certificate has been signed by the attending physician and campletely filled in by the funfar use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 should are mailing as the burial-transit permit. page 3 shauld be detached the registrar priar to burial may be retained by the TO FUNERAL DIRECTOR: VS A15 (4) 15M 10/57

the state of the s	TE OF DEPART.	ACHIERED CERC	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	SAUTH THE RESERVE TO		
	and the last of the last of the last of		
	MILEON SILVE TO TOUR S	loude, all embural	T.G. HOVEL COUNTY IN
	The state of the s		
	No Carlling Co. Eximate		And the second
.6.0	Conditional Condition	prima Lyki	den med berille now .
	Specialization occurry on the		July 3 limit of week
Lagran sins			The second
	en en la servicia de la		
. 121 - 1513	word statement force that	Received by 1	
and should			
			The state of the s
		and the same	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the TO FUNERAL DIRECTOR:

VS A15 (4) 15M 10/57

Reg. Dist. No.

1. PLACE OF DEATH g. COUNTY	ontgomery		MARYL	- 11	2. USUAL RESID 0. STATE Illin		ere deceased	l lived. If instituti b. COUNTY	on: Reside	nce before	odmissi	ion)
b. CITY OR TOWN	(If autside corporate limi	ts, write	c. LENGTH OF STAY I	N lb			ulside carpoi	ate limits, write R	URAL and	give near	est town) V
RURAL ond give	nearest town)		30 days		Homew	boo		.5	1 X -	3		
d. NAME OF HOSP	ITAL (If not in hospital, g	jive street	oddress)		d. STREET A					e	. IS RES	IDENCE
The Clin	ical Center	Bet	hesda 14, M	1d.	1704	183rd	Stree	et				PARM?
3. NAME OF DECEASED (Type or print)	Fir	ald	Middle Andrew	7	Schm		4. DATE OF DEATH	Mon		Doy 20		Year 1958
5. SEX			RIED NEVER MARRIE		DATE OF BIRTH		1	9. AGE (In years	,	R I YEAR I		
Male	White	WIDOWI			March 1		,	lost birthday) 12 yrs.	Months	-	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work	dane 10b.	KIND OF BUSINESS OR	RINDUST	RY 11. BIRTHPL	CE (State	ar fareign co	iuntry)	12. CI	TIZEN OF	WHAT	COUNTRY?
Student	rking life, even if retired	,	None			T111	nois			U. S.	۸	
13. FATHER'S NAME			110110		14. MOTHER'S					<u> </u>		
Edward L.	Schmidt.				A Partie	Rose	Breil	lh				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INI	FORMANT Th			Record Add	ress			
No. or unknown	(If yes, give wor or dates of s	ervice)	None					Bethesda		Mans	re fr	d
	ATH [Enter anly one co	use for Ib			12		4	2	2		EVAL BE	
	ATH WAS CAUSED BY:	7	0 10 (0) (0) (0)	11	2.11/	PAR	105	(0 550	0		TAND	
77	IMMEDIATE CAUSE (o	1	sperace	70	ing c	ana	nac	wite	21	lu	~ms	eala
1541	DUE TO	54:	to Do A	· O4	class	1110	ate-	11.1.	at.		-	1.
Conditions, if		Ma	no bose	-47	, com	ne 1	palln	aucus	aren	8×45	6	noa
couse (a), slating		0	-Y.01	+1		201	A -	-	1.		1	: -
lying cause last	. 10	00	genetal new	wa	ulell, D	lendo	ullisar	ellerio Pl	1115	MAN	RUP	elgin
PART II. OT	THER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	TH BUT N	OT RELATED NO	THE TERMII	NAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(0) 19	YES T	RMED?
-	YAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of	injury in P	ort I or Part	II of item 1B.)				
20c. TIME OF INJU Hour o. m. p. m.	10	or 20d. It While of wor	Not while	20e. PLAC facto	E OF INJURY IF ary, street, affice	lame, farm, bldg., etc.	20f. (City	or town)		(County)		(State)
21, I certify t	hat I attended the	deceas	ed from Apri	1 20	19 58	to M	ay 20	19.58	that I	last say	w the	decensed
alive on 1	lay 20 ,	19	58 1 and that	death o				the causes of				
	- 1	ブへ	14	2.				reet, city or town,		ine date		ATE SIGNED
ACTUAL	neul.	X	XDIAX	2011.	The	Clin	ical (Center			5/2:	1/58
SIGNATURE	A	1.	7///	M				tutes of	Hea	1+h		
PHYSICIAN'S NAME (Type)	Robert T. I	. Lo	ng, M/D.			nesda	-1 -	faryland	1100.	7.011		
220. BURIAL, CREMATI	ON, 226. DATE THEREC)F	22c. NAME OF CEMET	TERY OR				ION (City, town,	or county)		(Slote	e)
Bur-Brans	it 5/24/5	8	Unkn				* *	mewood	T1	lino		
23. FUNERAL DIRECTO			ADDRESS			.24a. REC'E	BY REGIST		STRAR'S SI			
Robert A	· Pumphre	У	7557, W	isco	onsin	DATE M	AY 2 6 '	58 000	1	-1		
00 0			Bethe	SOB	· Md ·	DAIL MA	AI Z U	JU I VVV	- 0 A	111 m		

	TELL DIAGO	DESTRUMENTE O	
		The second of	The second second
	Charles Charles I 1000	A LEGISTON	the following Constitution
Alter Alta - Ca			Zunou.
	THE PARTY	AND A SOURCE OF THE PERSON	
	A STATE OF THE PARTY OF		
	(a. b) dougla in		
	5 Teld 51 0005		Talway of Leady
	espinoscoprodimo Intelli		
Ward Land			
AND LEAD			
AND LEAD			

ADDRESS

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

FUNERAL DIRECTOR'S SIGNATUR

	CERTIFICA		
			1944 (A) 11 11 11 11 11 11 11 11 11 11 11 11 11
			HILL BUT
			75
		and the second	Y
			5.41
and a second second of the first product of the second of			Alter 1 15
Auditoriae Santa			1 5000
			STEEL CONTRACTOR

death.

ofter

ADDRESS (Street, city or town, stote)

ACTUAL 2122 Mars ave Not liketh

PHYSICIAN'S NAME (Type) 22q. BURIAL, CREMATION, 22b. DATE THEREOF

/14/58

22c. NAME OF CEMETERY OR CREMATORY PARKLAWN CEMETERY

22d. LOCATION (City, town, or county) MONTGOMERY COUNTY. MD

24b REGISTRAR'S SIGNATURE

(Slote)

FUNERAL DIRECTOR'S SIGNATURE Tumparel

REMOVAL (Specify)

SILVER SPRING, MD.

ADDRESS

24a. REC'D BY REGISTRAR

the 0 VS A15 (4) 15M 10/57

1 2 0 1 2 1 1 1 1 on a second to all and the second of the second o something a part of the party o youth the source of the man the second was to be Property of the same of the same white I wast to make the control of the strong of

director, led with Page puo corbon

should 0

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Montgomery D.C. MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negrest town) Washington Takoma Park d. NAME OF HOSPITA (Il not in hospital, give theel address) or institution Wake field Nursing Home d. STREET ADDRESS . IS RESIDENCE ON A FARM? 4417 15th St. N.W. 700 Hudson Ave. YES NO NAME OF DECEASED First Middle 4. DATE Month Year OF DEATH B. 1958 (Type or print) May IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days WIDOWED A DIVORCED T /14/1878 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Clerk, U.S. Treasury U.S.A. Dent. -retired Washington, D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Block Emma Engleman Address Wheaton, Md. IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Charles A. Block 3501 Harrill no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m While Not while at work at work 21. I certify that I attended the deceased from January 4 and that death occurred at 9.05 AM, from the causes and on the date stated above. PHYSICIAN'S NAME (Type) 220. BURIAL GREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Rock Creek Cemetery Washington. 23. FUNERAL DIRECTOR'S SIGNATURE Wash. D.C. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE S.H. Hines Co., 2901 14th St. N.W., DATEMAY

	A STATE OF THE STA		Managarana Managarana			
		cert SS	Ment Juneau			
	,	artoN 2.0Is	MAN PERING THE AND A STATE OF THE			
Fry Li			A Aller			
	28/12/2					
		Abul En- in	tonson .C.B . Tol			
			dooks salvado			
paragraphy in the paragraphy i	desition with	His I Valley of the Control of the C	OR CONTRACTOR OR			
	And a Chapter in Contract					
			ent - 20 equinos dos trem (Speca, 1, 17) (1) trem (Speca, 1, 17) (2) trem (Speca, 1, 17) (3) trem (Speca, 1, 17) (4) trem (Speca, 1, 17) (4) trem (Speca, 1, 17) (4) trem (Speca, 1, 17) (4) trem (Speca, 1, 17) (5) trem (Speca, 1, 17) (6) trem (Speca, 1, 17) (7) trem (Speca, 1, 17) (8) trem (Speca, 17) (8) trem			
			The second			
on the state of th		No. of America	you, and and his his con-			
	Saleske Hall To et	. /tm - / 1 10 25 4	Mighier Charles & House A			

MAINTAND STATE DEPARTMENT OF HEALTH-EARTINGIE, 18

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, Ething the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director, Page 4 should be farwarded the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your 5s.

TO FUNERAL DIRECTOR: Tage 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mith, or its designated agent, priar to burial, cremotian, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

*15
FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

						Reg. Dis	t. No.
1. PLACE OF DEATH	ontgomery 59	73	2. USUAL RESIDENCE (V			viion: Residen	
b. CITY OR TOWN II	f outside corporate fimits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside com		RURAL and	give nearest town)
	AL OR INSTITUTION (If not in ban Hosp.	hospital, give street address)	d. STREET ADDRESS / 1221.1 Mid				e. IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print)	George Henr	Middle Ty Seis	Lost	4. DATE OF DEATH	May 17.	1958	Doy Yeor
5. SEX male	1	RRIED NEVER MARRIED 8.	DATE OF BIRTH 11/29/22		9. AGE (In years lost birthday) 35 yrs.	IF UNDER 1	
during most of working	ng life, even if retired)	b. KIND OF BUSINESS OR INDUST	D.C.	or foreign c		US.	EN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME		1	
Geo. I	Raymond Seis		Annie D.	Grieg			
15. WAS DECEASED EV (Yes, no, er enknown) Yes	(If yes, give war or dates of service) WW II	16. SOCIAL SECURITY NO. 17. IN	Mother - san	ne 12	Address, 211 Mide		., S.S., Md.
Conditions, if a gove rise to imme (o), stoling the cause lost.	diote couse underlying DUE TO (c)	nshot wound	OT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	VEN IN PART	1hr
PART II. OT	USE WAS 20b. DESC	RIBE HOW INJURY OCCURRED. (E	nter nature of injury in Part	t I or Part II	of Item 18.)		YES NO
PRIMARY DO CO CAUSE OF DEATH.	RY Month, Day, Yeor 20	rted shot with 2 od. INJURY OCCURRED 20e. PLAC //hile Not while focts	2 rifle whil	e hun	tinggroup	(Coun	
		e remains described abo al causes [], Accident [-		
ACTUAL SIGNATURE	Frenk J. B.	orhait	_M.D. CHIEF MEDICAL EX				DATE SIGNED
EXAMINER'S NAME (Type)	Frank J. Brosch	art	DEPUTY MEDICAL		_	5/1	8/58
220. BURIAL, CREMATIC REMOVAL (Specify BURIAL	DN. 22b. DATE THEREOF 5/21/58	22c. NAME OF CEMETERY OR Arlington Nat:			TION (City, town, rlington		(Stote) rginia
23 YUNERAL DIRECTOR	S SIGNATURO	ADDRESS Colsolver Spring	240. REC"	D BY REGIST		STRAR'S SIGN	

	CERTIFICATE OF DE		natioam (a fit
			WALL TO SERVICE THE PARTY OF TH
The second			
	EMERICANI A MICHAELE	THE SERVICE HEREIN	
	SAME TO SELECT		Control of the second second second
Links of			LICENSE THE PARTY OF THE PARTY
, , .	MEN AND THE RESERVE AND ASSESSED.		
	e where the true		
		barrat (b)	
			mi ma a kanpon liberak a
			ac a war and a state
			The second second
			The state of the s
			AT HE REST OF THE REST
ARTHITIC LINE			No. of the late of
	6 Vitaria		

COST MINISTER		SADDITION OF		
Mindeline and the second				
	dilling to solve 1	TO COL		
	north in the	\$. va)
	egos and a second		Storm Lating	
		22		
		A PART OF THE PART	Contract of the second	
		ph en		TAXABLE DESCRIPTION OF THE PARTY OF THE PART
	The propagation of the second		\$ t = 1	
94 (S #7), S(S)	r) reach . Season r)		
	The state of the s			
	THE CALL OF THE PARTY AND			
			a openius	- WIND
	C.s. mych koossus, heb			
Sister				THE STATES
		E A C LEGA J HIMA		
			· (· · · · · · · · · · · · · · · · · ·	

VS A15 (4) 1SM 9/55

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
5975	CERTIFICATE OF DEATH	R

05958

Reg. Dist. No.

									~~~~		
1. PLACE OF DEATH o. COUNTY Montgom	ery		MARYLAND	2. USUAL I	residence (Wi	here deceased	lived. If instituti b. COUNTY MON			re odmis	sian)
b. CITY OR TOWN (I RURAL and give ne Mt. 210	f outside corporate limitation (Rur	- 1	c. LENGTH OF STAY IN 18	11/	or town (If a		ale limits, write f	RURAL and	give nec	arest town	n)
d. NAME OF HOSPIT OR INSTITUTION RUSSELL	At (If not in hospitol, on Nursing H	A STATE OF THE PARTY OF THE PAR	oddress)	d. STRE	ET ADDRESS						SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	CLA	GGETT	Middle	SHIPI	Lost EY	4. DATE OF DEATH	Mor Ma		Do 25		Yeor 19 58
5. SEX male	6. COLOR OR RACE	7. MARR	DIVORCED DIVORCED		6, 1900		9. AGE (In years last birthday) 57 yrs.	IP UNDE Months	R 1 YEAR Days	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of work	ting life, even if retired	done 10b.	KIND OF BUSINESS OR INI		THPLACE (Stote		untry)	12. C	ITIZEN C	F WHAT	COUNTRY
13. FATHER'S NAME Smith	Shipley				er's maiden i						
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO. 17	Daniel	Willie		29 E St		N.	w.	
Canditions, if a gave rise to it cause (a), stating lying cause lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which mmediate the under-		Interest (o), (b), and (c).]  Interest (c).  Contributing to death B	Soler Dollar BUT NOT RELATED	Le It	rai	Desic	21	ONS 3	9. WAS PERFO YES	AUTOPSY DRMED?
PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR HOUR O. m.	CAUSE OF DEATH MEDICAL EXAMINER)		Not while	PLACE OF INJU	RY (Home, form	n, 20f. (City			(County)	160	(State)
	at I attended the		11/1/	, 19.0 uth occurred	at 7.304			and an		te state	decease ed abave ATE SIGNE
220. BURIAL, CREMATIO	5/29/58	OF	22c. NAME OF CEMETERY Mt. Zion,		Y		ION (City, town, Zion, 1			(Sta	te)
23. FUNERAL DIRECTOR	s signature	mle	ADDRESS Rockville	, Md.	24a. REC' DATE	JUN 2		STRAR'S S		/	

# MARYLAND STATE DEPARTMENT OF HEALTH—BALEMORG, TO

CERTIFICATE OF DEATH

The state of the s	hours			ARAM SERVICES
			(Interest	
	The second		and onland	CENTURAL CONTRACTOR
20 To 10 To		RING		
	•		Appell Detracol	
	Pur Local			171101771
	nave ve		TALL	
				inalis (1979)

				A	
		TE OF DEAT			
			GREAT THE CO.	A	
The state of the s			The Little Spice of		E STATE OF
	PETANA P				
				1 5 4 10 10 10 10	
		B. C. C. L. L.			
	Part I	2 No. 1- 1			
	ACTION NOT			emports and bestuding 11	27 Tagettly in
	or saffering				

# FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, execute the certificate, and the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. 4 should be forworded of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of a rist designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

VS. A1SME 5M 2/S7 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

5977

Rea.		-1	15	0	0	4
Ren	Dist	No	1.)	3	(I)	u

	PLACE OF DEATH	40.			e deceased lived. If institution	: Residence before admission)			
	o. COUNTY Menter o	nery	MARYLAND	o. STATE	b. COUNTY				
	b. CITY OR TOWN (If outside corporate	limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write RUR	AL and give nearest town)			
	12 the	da	DOA.	Mash	witin 11	7x_3			
	d. NAME OF HOSPITAL OR INSTIT	UTION (If not in hos)	pital, give street address)	d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM?			
	Suburba	Has	pital	2400	167KSKN	W. YES NO D			
	NAME OF DECEASED (Type or print) Busy	first	Taylor S		DATE Month OF PEATH May	Doy Year			
5.	SEX 6. COLONG			DATE OF BIRTH	Annal Arinah Arina	UNDER TYEAR IF UNDER 24 HRS.			
	male wh	te WIDOWED		12-6-09	48 yrs.	Jodys   Hoors   Mills.			
	<ul> <li>USUAL OCCUPATION (Give kind during most of working life, even if</li> </ul>		IND OF BUSINESS OR INDUSTR			2. CITIZEN OF WHAT COUNTRY?			
	architect			north Ca	rolina	M.S. a.			
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	E				
1	BENJAMIN TAYLO	R SIMM	0 N3	-WULNO	K				
15.	. /	or dates of service)	SOCIAL SECURITY NO. 17. IN	FORMANT	Address				
-	YES WW		( ( ) ( ) ( )	of. Islance	al .				
	18. CAUSE OF DEATH [Enter online PART I. DEATH WAS CAUS		for (0), (b), and (c). j	V		INTERVAL BETWEEN ONSET AND DEATH			
	IMMEDIATE C	AUSE (o)	orm my	De clused	~	Sudders			
1	400.1	DUE TO							
V	Conditions, if any, which)	(b)							
1	gove rise to immediate couse ( (a), stating the underlying (	DUE TO			~				
	couse lost.	(c)							
ATION	PART II. OTHER SIGNIFICA	NT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P			
CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING (CAUSE OF DEATH.	20b. DESCRIBE	HOW INJURY OCCURRED. (En	ter noture of injury in Port & a	r Part II of item 18.)				
MEDICAL	20c. TIME OF INJURY Month, Hour o, m, p, m,	Day, Year 20d. II White 19 of wo	Not while facto	E OF INJURY (Home, farm, 2 ry, street, office bldg., etc.)	ROF. (City or town)	(County) (Sicie)			
	21. I certify that ) took	chorge of the r	remoins described obov	e, held on Autopsy [	, Inspection , 1	nquiry , ond in my			
	opinion deoth resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined monner								
Н	I Pinion acom resoned in	om. Itolordi c	doses DE, Accident	j, soleide [_], Holl	meide [], Ondereini	ned monner []			
	ACTUAL SIGNATURE FIGURE OF MARCHAILT M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED								
	SIGNATURE SIGNAL								
	EXAMINER'S FLAN	火丁、13	Prosenant	ASSISTANT MEDICAL EXAM	mar	11-1958			
220	BURIAL CREMATION, 226. DAT 5/5/	58	FAIRFIELD C		AIRFIELD, N				
79	FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE								
K	cosent My	in Xon.	) - ()	DATE	7 150 1				
1=	- The Sund	or a cone	Wash Di	KAY	- 1 36 - C				

This can be supported by the state of the st				SAT LEXPWINEES, 2			
The content of the							
Experience of the control of the con							
						2.7A	
						1000	
		1981					
					ALTO THE SECOND		15
						The back of	
			ALL COLDER				
		407					
							27.00
						Control of the control	
	- 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			Same and the state of the same			
						SCHOOL STATE	
						100000000000000000000000000000000000000	
							100
						AUST TOTAL	
				e allerance			
					V. C. VA 4 4		
	1 1 1 2 F						

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		MAKTI	97	0	ICA	ATE OF DEATH		IIMORE, I	Rea. Dis		961
1.	PLACE OF DEATH COUNTY Montgomery	7		MARYL	AND	2. USUAL RESIDENCE (WI	here decease	d lived. If institution b. COUNTY			ission)
	b. CITY OR TOWN (IF	autside carporate limi	ls, write	c. LENGTH OF STAY IN	V 1b	c. CITY OR TOWN (IF	outside corpo	orate limits, write R	URAL ond g	give neorest to	wn) 🗸
	Bethesda			15 days		Columbus			497	x-3	
	OR INSTITUTION	AL (If not in hospitol, g		oddress) hesda 14, M	d.	d. street address	venue			ON	ESIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)	Fir Lo]		Middle Mae		Sims	4. DATE OF DEATH	Mon Ma		26,	Yeor 1958
5.	SEX	6. COLOR OR RACE	7. MARI	RIED X NEVER MARRIED		8. DATE OF BIRTH		9. AGE (In years last birthdoy)		1 YEAR IF UN	-
	Female	White	WIDOW	ED DIVORCED		January 30,	1927	31 yrs.	Months	Doys Hour	s Min.
100	. USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)	done 10b.	KIND OF BUSINESS OR	INDUS	STRY 11. BIRTHPLACE (State	or foreign c	ountry)	12. CITI	ZEN OF WHA	AT COUNTRY?
	Housewife			None		Georgia			U.	S. A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Charles Mo	Guire				Alfred Wa					
		R IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY NO.		NFORMANT The Med					
	No		2	52-32-6975	T	he Clinical (	Center	, Betheso	la 14,	Maryl	and
	The second secon		40	ne for (0), (b), and (c).)	20	to electrol	yte i	nbalane		ONSET AN	D DEATH
	Canditions, if or gave rise to in couse (o), stoting t	nmediate (	R	enol failure						60h	
	lying couse last.	(c	Stat	as post op	clos	wo ASO -Ebs	stein 3 n	nattormat	non-	72hs	
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture of injury in	Part I ar Por	t II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yes	20d. I While at wor	Not while	Oe. PL/	ACE OF INJURY (Home, form ctory, street, office bldg., etc	n, 20f. (City	y or tawn)	(0	County)	(Stote)
	21. I certify the	at I attended the	deceas	ER/	11 death	, 17, 10	May 26	n the causes o		last saw th	
		ol	1	1.0				treet, city or town,			DATE SIGNED
	ACTUAL CE	lant	. 6	Josman	1	M.D. The Clinic					26/58
	PHYSICIAN'S NAME (Type) A	lan F. Hofr	nann .	M.D.		The Nation Bethesda			of He	ealth	
	REMOVAL (Specify)	E /27/E	of Ø	22c. NAME OF CEMET	ERY O	R CREMATORY		TION (City, town,			lote)
23	r-Transi	S SIGNATURE	0	ADDRESS	-	24~ DEC	D BY BECRE	umbus Ge	eorgi Strak's sic		
	- 3 4		De			DATE	MAY 2 9	58		uch	

Page 4 lirector, G PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. may be retained by the pital ar attending physician. **D FUNERAL DIRECTOR:** Let this certificate has been signed by the attending physician and campletely filled in by the funt page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

TO HOSPITAL OR ATTENDAN may be retained by the TO FUNERAL DIRECTOR: VS A15 (4) 15M 10/57

81,3	NOMERLES LIST SET TO THE	UNTERNITO ENATO C	MARYRAM	
M 200 0 1	MAIG 10 H	ADDITION S		
	Server Migration			Maria Salayi G
^		Gran	a 4 yr.	
	Ol western	WOD II		
	The state of the s	TO THE		
	A CONTRACTOR OF THE PARTY OF TH	The second	at some East	
		r		
	man projection of	C. C. S.	4761	
		The second second		
		AND THE RESERVE		BLOOK HILL
	10160 101000			ha Propie
	groom dealers and the			
THE TAIL THE	BIRLL MERION CONTRACTOR	D		
		LIC VALUE OF THE STATE OF THE S		
William - 1	"state festalid wat.			
min and an are				
	minuse .al account			
Minyout,			- 3 5/ Ea/s	CHEST ST
a mula soft and mah				
		na consideration of a	HATE THE P	in Janeau

VS A15 (4) 15M 10/57

1	1
Mith	(
hould a lied	,
125	
s l onc	
Poge .	
2	

50

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5979

CERTIFICATE OF DEATH

05962

	0000			Reg. D	Pist. No.
1. PLACE OF DEATH			O. STATE	nere deceased lived. If institution: Reside	ence before admission)
	Montgomery	MARYLAND	District of	Columbia	
b. CITY OR TOWN	(If autside corporate limits, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If a	outside carporate limits, write RURAL and	give nearest town)
Bethesda		171 days	Washington	47x	. 3
OR INSTITUTION			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	cal Center, Bet	hesda 14. Md.	4000 Massac	husetts Ave., N. W	YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	S <b>is</b> kind	4. DATE Month OF DEATH May	Day Yeor 19 58
5. SEX	Sydney   6. COLOR OR RACE   7. MAI	Samuel			R I YEAR IF UNDER 24 HRS.
Male	White WIDOV		June 25, 191		Doys Haurs Min.
100. USUAL OCCUPATI	ON (Give kind of work done 10b	. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (State	ar fareign country) 12. C	ITIZEN OF WHAT COUNTRY
	ervice Officer	II. S. Inform	etion Agency	New York	U. S. A.
3. FATHER'S NAME	CIVICO OLLICGI	O D D TITLOIN	14. MOTHER'S MAIDEN I		0. 0. 1.
Samuel A.	Siskind		Etta Salan	nar	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17	INFORMANT The Med	ical Record Address	
Yes	WWII	052-07-3300 T		enter, Bethesda 14,	Maryland
	ATH [Enter only one cause per	line far (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DE	ATH WAS CAUSED BY: Br	onchopneumoni	a		2 days
203X	DUE TO				
Conditions, if	ony, which ) (b) Mu	ltiple myelom	a		4 vears
gave rise to cause (o), stating	immediate Dus TO				
lying cause last.					
PART II. OT		CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY
49/X					PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING (1) 20b. DE G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port I or Part II of item 18.)	
ZOc. TIME OF INJU Havr a. m. p. m.	While		PLACE OF INJURY (Home, form factory, street, office bldg., etc	, 20f. (City or town)	(County) (State)
21. I certify ti	hat I attended the decea	sed from November	27 . 1957 . ta	May 17, 1958 that I	last saw the decease
alive an	May 17 19	58 and that dea	th accurred at 1:00A	M, fram the causes and on	the date stated above
	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , ,		ADDRESS (Street, city or town, state)	DATE SIGNE
ACTUAL SIGNATURE	Un D Don't	m	The Clinic		5/17/58
			_ /41.0	Institutes of Healt	h
PHYSICIAN'S A NAME (Type)	llen D. Goodman	, M. D.		L. Maryland	A1
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, tawn, or caunty)	(Stote)
remation'	5-;9-58	Lees Cre	matorium	Wa shington	D.C.
23 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS / /	ρ/ς . ρ 240. REC;		A
& Time of	Pl & Souls	300 H.th	ST 18 DATE	MAT 2 0 30 Win-e	duch
4 11.110	TAIN TO THE TO T	700 11 - 3	TI IL. W. DAIL		

	DANSAMA TIVAL AMERIKANI
HYASIT TO ST	
The demand in contract	OSMINI I THE THE PART OF THE P
mode a state	Figure 18 of the State of the S
William J. W. M 1971. Stylesystemski (b. 17)	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Transfer for ground I count that it has been been
The state of the state of the state of	fight of the same appears and
	Company of the control of the contro
STLE TRIBUTE	COLD STATE OF THE
the spect that standed . went the land it	Control of the contro
Charles and Charle	
The state of the same of the state of the st	The principality of the control of t
Name of the second control of the second	
The Court of the C	Mileson Aller D. Sporter, B. D.
. U. u. test white all a morney	nmort and   60-71-7 20170000
The state of the s	The state of the state of

524

1250/4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARIAN MARIANTA	HIT ARE TO STA	OPPLICATION OF A SECTION OF A S	
			1.
	Tashingon, I.C.	, in the second	хтач <b>ө</b> .поы
			es Jaon navan kad
2,5	I vale and		740 12 1070
			estion I walte
	New York City, N. Y.	amoti nwo	Housewice
	The second second second second		
	topical command		nedala det ill
	Contract of Charles	Charles A Not the	
	A. Markey A. E. S.		Action 1
	THE AMERICAN PROPERTY AND ADDRESS OF THE PARTY	ATT	
	THE RESERVE TO SERVE THE PROPERTY OF THE PARTY OF THE PAR		
	The 1800 1115 In		
	The second state of the se		
100 20 V53 87 (3)			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5844 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write decth c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) the fun shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO F Danitarium 47 2 NAME OF 4. DATE Middle Last Month Yeor Day filled DECEASED within 24 (Type or print) DEATH 5 19 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Doys Hours Min. White WIDOWED T DIVORCED T YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate opert 15. WAS DECEASED EVER IN U. S/ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) attending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO þ permit. Conditions, if ony, which signed gove rise to immediate DUE TO cosse (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while of work at work p. m. 21. I certify that I attended the deceased from ______,that I last saw the deceased and that death accurred at alive on M, from the causes and on the date stated above. FUNERAL DIRECTOR: age 3 should be detac ACTUAL PHYSICIAN'S HOSPITAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF M2c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 **THUNERAL DIRECTOR'S SIGNATURE** ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

					The state of	
	State of					and pent
		The Atlanta				
						The second secon
	in 15 to A to					b of below of sphistres to it
tout	126	13	100	2.	57	
	Million Day Spend	ar of Step State	1/4	Mark ho	26.793	A New York Control of the Party

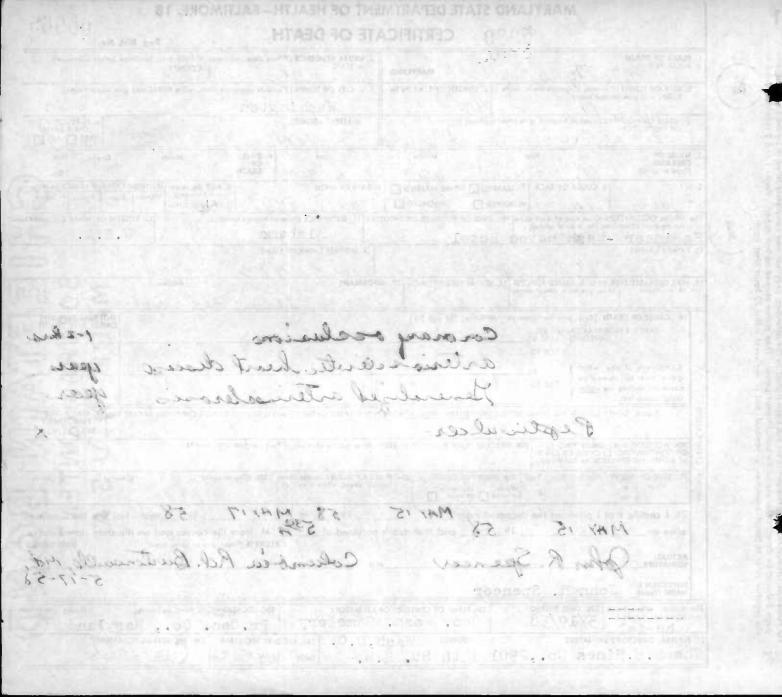
VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
MILIEMIE	STATE DELAKTIMENT	OI HEALING DALIMORE,	10

5980 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY MANTOLAMEN ( MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest lown)  (MUN a)  4	Washington 47x-3
d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION	d. STREET ADDRESS  O. IS RESIDENCE ON A FARMO
Brooke Grove toundation	12/2 Douglas ST. M. C. YES NOT
3. NAME OF DECEASED (Type or print) Wilson Kendric	Lost 4. DATE Month Day Yeor OF DEATH May /7 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
Male W WIDOWED DIVORCED	7/1ay 18, 1893 61 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUS	
Engineer -Washington Hotel	Alabama U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address //
(Yes, no, or unknown) (If yes, give war or dates of service)	Marie Speen 212 Dauglas ST 91.8
18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	reclusions 1-2 hr
420.0 DUE TO	a: A 0 -0 1
Conditions, if ony, which (b)	elevate heart descess years
gove rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  Cause (c)	el arterischerosis years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  9. WAS AUTOPSY PERFORMED? YES NO K
OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I ar Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State clary, street, office bldg., etc.)
21. I certify that I attended the deceased from MAY 15	
	occurred at 532 M, from the causes and on the date stated abo
0000	ADDRESS (Street, city or town, stote) DATE SIGN
SIGNATURE COMM R. Dencer	M.D. Columbia Rd. Burlonouillo Ma
PHYSICIAN'S John R. Spencer	5-17-3
220. BURIAL, GREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	
burial 5/19/58 Geo. Wash.	Cemetery Pr. Geo. Co., Maryland
	h D C . 240. REC'D BY REGISTRAR 246. REGISTRARIS SIGNATURE
The C H Hines Co 2007 71.45 Ct W	7.7



	STREET, STATE		IMINACIO STATEX		
Manager .		HIANG TO SE	CERTIFICA		
			**	*	
		ETRA YES	Seament.		
	VI. VII.	awat so ili dalah			
	The Trees	rumbez dile			
		4 THE STATE OF THE	b 5 •		
			· AND · AND STORE	A Samuel Contraction	
. "			105) # (104) *** \$1		
			N N		
	91	8gr Al. 1983		and the second	
A STATE OF THE STA	The second second				
	West Michigan		oburysist A.Adio		Sent idea of la read
		Lis reperse			
		Hall all The			v
		A COLUMN	the later to have		
	7520		THE DECEMBER OF		
	Halfanarage	- Constitution of	Alamor do sie		
	Managraphic 4		ne mort moldered		
Committee of the later by		colorado do on	danioras bisaumb		
	Dones will to				
			als deeper		
				THE RESERVE OF THE PARTY OF THE	
STEEDER STORES (LINE 11/10)		Ballica Valuation to the sec			
				1	
ario pros		Holal III estina			
figure 15	L Trafficulor				
	Detailered :	LE disastrad	· · · ·	isl . H. adale is	
		The state of the state of			
				1	

,

poge

0

VS A15 (4)

15M 10/57

184	5
Sirector, led with	1.
	7
ly filled in by the fune Pages 1 and 2 shauld by	į.
ly filled i	5.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

05967

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE h COUNTY MARYLAND Montgomery 0 CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO T 05 NAME OF Middle Stiefel 4. DATE Month Year DECEASED (Type or print) DEATH 19 5 Donan 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years last birthday) IF LINDER 1 YEAR IF LINDER 24 HRS 8. DATE OF BIRTH Months Min. WIDOWED I DIVORCED V al / yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Siote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Real Estate Retired-13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME mayl 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoling the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CERTIFICATION CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES P NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m While Not while of work at wark p. m. 21. I certify that I attended the deceased fram, ... 1955 that I last saw the deceased and that death accurred at 11 CFP M, from the causes and an the date stated above. alive an Ma ADDRESS (Street, city or town, stote) DATE SIGNED 16th Street, N.W. ACTUAL PHYSICIAN'S Albert E . Marland. NAME (Type) 220. SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Mount Olivet Ceme tery Washington.D.C. 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D 8Y REGISTRAR DATE

14 MO -et	E OF DEATH	
0 0 0	A service of the	
	area - gradustano i	
1 ES 2		
	ALPHONES	
	Tan 2	A CONTRACTOR OF THE PARTY OF TH
a layer and a Taxable and only		

VS A1S (4) 1SM 10/S7

H

# 5846 CERTIFICATE OF DEATH

Reg. Dist. No.

- 1										
	o. COUNTY	1 Lan	MARYLAND	2. USUAL RESIDENCE (Where	e deceased lived. If institution b. COUNTY	n: Residence before admission)				
-	t SITY OR TOWN I	Contyoner	4	1114		nontgomery				
	RURAL ond give ne	f outside corporate limits, carest town)	yfile c. LENGTH OF STAY IN 16	c. CITY OR IOWN (If outs	ide corporate limits, write RL	JRAL and give nearest town)				
	Takon		To deys	X Kensing	iton					
-	d. NAME OF HOSPIT	AL (If not in hospital, give	street oddress)	d. STREET ADDRESS	0 1 -	e. IS RESIDENCE ON A FARM?				
1	wash	ington So	m+1tosp	4019 We	xtord Dr.	YES NO				
	3. NAME OF DECEASED (Type or print)	First A1	Middle Clement	c studend	DATE Mont	Doy Yeor 1958				
ı	S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.				
	Fe	cave w	DIVORCED [	1-29-9	( last birthdoy)	Months Doys Hours Min.				
	loa. USUAL OCCUPATIO	ON (Give kind of work don king life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRYS				
	Trache		Education	Va		4.5A				
	3. FATHER'S NAME	1.41		14. MOTHER'S MAIDEN NA	ME					
	Robert	HITE		Mottie.	Beard					
		R IN U. S. ARMED FORCES		NFORMANT	Addr	ess				
	(Yes, no, or unknown)	(If yes, give war or dates of service	te)	HOSP Record	5					
		TH [Enter only one couse TH WAS CAUSED BY:	per line for (o), (b), and (c).]			INTERVAL BETWEEN				
	ONSET AND DEATH									
	153.9 IMMEDIATE CAUSE TO DUE TO									
1	Conditions, if or		ad on Green	inona Don	vel -	1957				
Л	gove rise to in		Cutt Para La La			1-1-1				
	lying couse lost.	(c)								
		1,	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY				
2	P	elingh	with per	love -		PERFORMED? YES NO				
	PART II. OTH	S UNDERLYING 201  CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Por	t I or Port II of item 18.)					
	20c. TIME OF INJUR	Y Month, Day, Year	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stale)				
	20c. TIME OF INJUR Hour o. m. p. m.		While Not while fo	ctory, street, office bldg., etc.)		(Sidile)				
			5-0-1	9 10 15	7 - 55					
П	1	at I attended the de				,that I last saw the deceased				
	alive an_	-7-3 8	12, and that death			nd on the date stated abave				
-	ACTUAL A	41 .	30	~1. 0	DRESS (Street, city or town,	DATE SIGNED				
	SIGNATURE	sthur ?	- Come	M.D. 7600 CM	viol ano	toftong fartem				
	PHYSICIAN'S A	white Ti C								
	NAME (Type)	rthur E. Co	yne 🦠							
F		N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 2	2d. LOCATION (City, town, o	r county) (State)				
	Cremation	6/2/58	Cedar Hill		Suitland, Ma					
	3. FUNERAL DIRECTOR		ADDRESS	24a, REC'D I		TRAR'S SIGNATURE				
	Robert A.	Pumphrey-	Bethesda, Maryla	nd	(200	Leoner				
F				DATE III	M 3 20 1 000	11				

STAROMINATE RESEARCH TO THE MODEL TO THE CONTROL OF 48 CERTIFICATE OF DEATH CUCTTOU reduces. Come Creatation 5/2/58 sur land, warmland nobert . Imagarey-Somesda, Maryland

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5982 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

05969

	tgomery	a with	MARYL	AND °	SUAL RESIDENCE (V. STATE		b. COUNTY		You	T.
RURAL and give ne	f outside corporate limi earest town)	is, write c. Li	ENGTH OF STAY II	N Ib C	Che	y Chas		JRAL ond give ne	arest tow	n)
OR INSTITUTION	on Garder				808 Broc	kville	Road		ON	FARM?
NAME OF DECEASED (Type or print)	Willis		Middle	y Sul	lost Llivan	4. DATE OF DEATH	Mont		_	Yeor 19 58
Male Male	6. COLOR OR RACE	7. MARRIED WIDOWED			725/1880	9.	AGE (In years lost birthdoy) 77 yrs.	Months Doys	Haurs Haurs	ER 24 HRS. Min.
Do. USUAL OCCUPATION during most of work  Lawyer  FATHER'S NAME	ON (Give kind of work of king life, even if retired)	done 10b. KIND	OF BUSINESS OR		D.C.	•	ntry)	12. CITIZEN	S.A.	
	rth Sulli	van			Kather		עיו פ			
. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war or dates of se	CES? 16. SOCI	AL SECURITY NO.				Addre	ashing	Wash ton	
Conditions, if or gave rise to ir cause (a), stoting thing couse lost.	m mediate	)				1	0			
	HER SIGNIFICANT CON		RIBUTING TO DEA	TH BUT NOT	RELATED TO THE TER/	MINAL DISEASE	CONDITION GIVE	N IN PART 1(0)	PERFC	AUTOPSY PRMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OC	CURRED. (Ent	er nature of injury in	Part I or Part I	of item 1B.)			
Hour a.m.	Y Month, Doy, Yeo	While	OCCURRED Not while of work		F INJURY (Home, for treet, office bldg., e		r town)	(County	)	(State)
Hour a.m. p.m.		While at wark	Nat while at work rom.	foctory,	, 1952, to urred ot	M, from	19.5	,that I lost s	ow the	deceos

may be retained by It

Established Actable - mevilles gamein resentative of navillus at binera He disvet Countery whelstown on .. BEST MINES OF THE WINDOWS IN THE BUTTON OF THE PERSON OF T 

05970

Dan Disk M.

-	_		keg. Dist. 140.					
/		COUNTY Mentagnery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY					
	t	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
5	id	1. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ASH DATES SANTAYIUM + 1030, 14	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?  5720 6th St., N. W. 9ES NO					
		NAME OF DECEASED Type or print)  I sabelle Marie	Lost 4. DATE Month Day Year OF DEATH 5 - 7 - 1958					
/	5. 9	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	B. DATE OF BIRTH  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.					
	R	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Pakery  FATHER'S NAME  Berry T. Them esen	STRY 11. BIRTHPLACE (State or foreign country)  Washington D. C.  14. MOTHER'S MAIDEN NAME  Annue MILLY Physics  15. CITIZEN OF WHAT COUNTRY?  U. S. A.,					
	15. (Yes		NFORMANT Address					
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Carcinomatos						
		Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  (b)  DUE TO  (c)	home, Left hidring . unknow					
0	CERTIFICATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO					
		20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)					
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for those of work 19 at work 19 at work 19	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)					
		21. I certify that I attended the deceased from Jel 11	19.58, to Mary 2. , 19.58, that I lost sow the deceased					
		active on May 2, 1958, and that death  ACTUAL SIGNATURE  SIGNATURE	occurred of 2 a.M. from the causes and on the date stated above  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 533-R1555 Road, N.E. 5/7/58					
1		PHYSICIAN'S Arthur S. Bresler	Washington, D.C.					
11	3	REMOVAL (Specify) 5/9/58 Fort Lin	COPENATORY 22d. LOCATION (City, town, or county) (State)					
43	73.	selley's Junesal Home Mr. Ra	inces DATE MAY 1 2 '58 Cliff educh					
		Inc.	nd.					

director, filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the stated or attending physician.

O FUNERAL DIRECTOR:

Justine 1 of the serificate has been signed by the attending physician and campletely filled in by the fundage 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO FUNERAL DIRECTOR:

VS A15 (4) 15M 9/55

	HTATE TO STA	SEAT CERTIFIC		
	II THE TOTAL SET AND THE		*	
	graph of			
			The value of the	
				10000
35/23/4/2				
		TO NAME OF COLUMN		
ETHER STATE OF THE		uno.		

# FOR STATE HEALTH DERT. Page 15.

0-0

I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

LITAND 21	ALE DEPAKTMEN	NI OF HEALIH-	-BALIIMOKE,	18 AFOR
MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	05971
FOOA				Rea. Dist. No.

	PLACE OF DEATH		233	3	2	. USUAL RESIDE	ENCE (W	here deceased li	ved. If institu	itian: Resider	nce befo	are odm	issian)
	o. COUNTY M	ONTGOMERY		MARYLA	ND	a. STATE	MARY	LAND	b. COUNT	MON.	TGON	<b>IERY</b>	
-	STLVE	(It outside corporate limits, s R SPRING	vrite RURAL	c. LENGTH OF STAY IN				autside carporat		RURAL end	give ne	egrest to	iwn)
,		STRATTON R		ospital, give street oddress)		d. STREET ADD		RATTON I	ROAD			ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	LELI	First	Middle CARRINGTON	T	HOMAS		4. DATE OF DEATH	Month		Day 6		fear 9 58
5.	FEMALE	6. COLOR OR RAC	7. MARR			129/93		9. A	GE [In yours at birthday] GH yrs.	Months E	Days	Hours	ER 24 HRS. Min.
100	USUAL OCCUPAT during most of work Housew	ing life, even if retire	k dane 10b.	Own home	DUSTRY		E (State of IRGI)	Salar Sa	γ)	-	S.		COUNTRY?
13.	FATHER'S NAME SAMUEL	S. DUDLEY			14	FRAN				1			
		VER IN U. S. ARMED		SOCIAL SECURITY NO. NONE	Ir info	Conway	G. TI	homas,	Address 1911 St Silver	ratto	n Ro	ad	
CATION	Canditions, if gove rise to imm (e), stoling the cause last.	underlying DUE 1	(c)	CONTRIBUTING TO DEATH 8				NAL DISEASE CO	NDITION GIV	'EN IN PART	1(a) 15		
CERTIFIC	20a. EXTERNAL CAPRIMARY   or CO	AUSE WAS ONTRIBUTING []	20b. DESCRI	BE HOW INJURY OCCURRE	D. (Enter	r nature of injur	y in Part	t or Part It of it	em 18.)				110 [31
MEDICAL	20c. TIME OF INJU Haur a. m p. m		Whi		PLACE factory,	OF INJURY (Hor street, office bl	me, farm, dg., etc.)	20f. (City or f	own)	(Cau	nty)		(State)
				remains described causes X, Acciden				omicide	ction 🔼, Undete	Inquiry rmined m		-	id in my
	ACTUAL SIGNATURE	Frank go	Brown	shart-	A	1.0.		AMINER [				DATE:	SIGNED
	EXAMINER'S NAME (Type)	FRANK J.	BROSCH	ART				XAMINER				,, 0,	70
	BURIAL CREMATI REMOVAL (Specifi BURIAL	ON, 226. DATE THEE	EOF	22c. NAME OF CEMETERY RIVERVIEW CE				22d. LOCATION CHARLOT			A .	(Stai	(e)
23	FUNERAL DIRECTO		rey	ADDRESS SILVER SPRIN		24	ATIMAY	BY REGISTRAR		STRAR'S SIG,	NATUR	E	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, execute the certificate fring the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director 4 should be forwarded, the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, ar removal, and in any event within-72-baurs ofter death. VS. A15ME 5M 2/57

つん

TO VERY OF THE PARTY OF THE PAR TO A ROBED METER IN And nother field to the comment of the second of the secon

POF STATE

*

The second secon

*

Marin I

VS A15 (4) 15M 9/55

# ?

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5984 CERTIFICATE OF DEATH

Reg. Dist. No. (15972

1. PLACE OF DEATH o. COUNTY	1 days as	MARYLAI	II O SIAIF	SIDENCE (Where decea	sed lived. If institution b. COUNTY	n Residence before	odmission)
b. CITY OR TOWN (If outside co			171	TOWN (If outside cor	porote limits, write Rt		est town)
Kennsin	er ton		20	6-6.1	Nelson	(line)	
d. NAME OF HOSPITAL (IF no PORT OF INSTITUTION CARROLL HAL		ARROLL PL	d. STREET	ADDRESS			IS RESIDENCE ON A FARM? YES NO T
3. NAME OF	First	Middle		A DATE			
DECEASED (Type or print)	ARRIE	E	THOM	PSUL DEAT	4.4	Day	195 8
5. SEX	R OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIR	тн	9. AGE (In years last birthday)	IF ONDER I YEAR IF	
Fu			- 777931		80 yrs.	Months Days	Hours Min.
100. USUAL OCCUPATION (Give kind during most of working life, ev	en if reficed)	ND OF BUSINESS OR II	NDUSTRY 11, BIRTHI	PLACE (State or foreign	country)	_	WHAT COUNTRY?
	JORK			V. VH.		U.SA.	
13. FATHER'S NAME  FOLKS AND P.	BARKO	9	14. MOTHER	S MAIDEN NAME	+ 12112	1	
15. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16. SC	CIAL SECURITY NO.	17. INFORMANT	KEMME	Addre	ess	0104 11
(Yas, no, or unknown) (If yes, give w	ar or dates of service)		ChARLes	A. BAR	11	6 Enelse	7+647,77
18. CAUSE OF DEATH [Enter		for (o), (b), and (c).		1110011	HER 20		AL BETWEEN
PART I. DEATH WAS C.	AUSED BY: 11./	PERTENS	11/1= 1	LEART	DICEA		AND DEATH
443X IMMEDIA	DUE TO	2/2/2/00	1)	C. Faci	DISCIT	26	
Conditions, if any, which	· GF	NERALIZ	ED	1 PTER	DICLE	21216	
gove rise to immediate		MENTE		HUICK	OSCEL	20-13	
lying couse lost.	guerry .	SSENTI	4-6 17	LYPERT	E15101	17	
PART II. OTHER SIGNIF	ICANT CONDITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELATED T			×	WAS AUTOPSY
САТІС		SENIL!	74				PERFORMED?
PART II. OTHER SIGNIF  20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH	IBE HOW INJURY OCCU	JRRED. (Enter nature	of injury in Part I or Po	art II of item 18.)		
ZOC. TIME OF INJURY Month, Hour o. jr. p. m.	Day, Year 20d. INJU While of work [	_ Not while	e. PLACE OF INJURY factory, street, office	(Home, form, 20f. (Cite bidg., etc.)	ity or town)	(County)	(Stote)
21. I certify that I atte	nded the deceosed	from AUG.	28, 1950	1. 10 MAY	*3 . 193 %	that I lost sow	the deceased
olive on LINY	3 1951	ond that de		3: aa A.M. fro		· ·	
11		4			Street, city or town, s		DATE SIGNED
SIGNATURE Men	se france	la	м о	5201	Non	won A	5/3/5
				- 1			
PHYSICIAN'S NAME (Type)				Chen	y Chord	, had	
	ATE THEREOF	22c. NAME OF CEMETER	Y OR CREMATORY	22d. LOC	ATION (City, town, or	county)	(State)
REMOVAL (Specify)	5/58	mrt Olin	et Cem		Wash	De.	
23. FUNERAL DIRECTOR'S SIGNATU	RE	ADDRESS	wash	24a. REC'D BY REGI	STRAR 246 REGIS	TRAR'S SIGNATURE	
Lee Juneral A	lone 4+	man are		DATE MAY 5	158 Cu	1- earlin	

	* . , , : l
	A married to the second of the
	The state of the s
	The state of the s
	A Commission of State
EN E CHASITANA MAN	Survey P. Burker
Mes A Burkey and Englisher	
Same and the same	The country name paint was a few and the country of the
	· 大學 · 中国 · 中
	Table Springers of the
A STATE OF THE STATE OF THE STATE OF	
NAME OF THE PARTY	
	And State of

AMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, thing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director to the Chief Medical Examiner's Office along with form PM3.—Rage 5 may be retained for your Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the State Board of prior to buriot, cremation, ar removal, and in any every within 72 hours after death.

ar its designated agent, prior to burial, cremation, or remayal, and in any

4 should be forwarde.
TO FUNERAL DIRECTOR:

**VS. A15ME** 5M 2/57

#### D.O.A.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Diet		A	5	0	7	2
Pag	Dist	No	U	U	J	6	U

	-			The same of the sa					The state of the s			
	1. P	LACE OF DEATH		0900		2. USUAL RESIDENCE						ission)
\		M	ontgomery		MARYLAND	o. STATE Mary	land	P. CONNIS	intgo	nery		
/	b	. CITY OR TOWN (If and give negrest fown)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside cor	porote limits, write	RURAL on	d give n	earest lo	wn)
		В	ethesda		D.O.A.	Rockville	9 6	26				
	d	. NAME OF HOSPITA	L OR INSTITUTION (I	f not in hospit	ol, give street address)	d. STREET ADDRESS	5	1			e. IS RI	ESIDENCE A FARM?
			uburban			323 Mt.	Vernon	Place				] NO [[]
	3. 1	NAME OF DECEASED	Firs	st .	Middle	Lost	4. DATE OF	Month		Doy		eor
		Type or print)	ROBERT		JAMES	TOUGH	DEATH	May	r	14	1	9 58
	5. SI	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER	-		ER 24 HRS.
		Male	White	WIDOWED [	DIVORCED	August 25,	1915	42 yrs.	Months	Days	Hours	Min.
	10o.	USUAL OCCUPATIO	N (Give kind of work of life, even if retired)	done 10b. KIN	ID OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	ote or foreign	country)	12. CIT	IZEN O	F WHAT	COUNTRY
4			McArdals.	Washin	gton, D.C.	Penn.				USA		
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
		Jam	es Tough				Selina	McKenzie				
		WAS DECEASED EVE	R IN U. S. ARMED FOI		CIAL SECURITY NO. 17.	NFORMANT		Address				
	[Y-01,	the state of the s	orld War I	and the same of th		Mabel Tou	gh-Iter	m# 2				
		A/	H (Enter only one cou		r (o), (b), and (c).		0			INTE	RVAL BETWI	EEN
		PART I. DEAT	H WAS CAUSED BY:	Myroc		ction, subendocardial						ATH
		420.1	IMMEDIATE CAUSE (0)	m1					erv	1	rida	
		Cononemy athonogelenesis										
	grave rise to immediate course											
1	(a), storing the underlying											
2	-	couse fost. (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19, WAS AUTOPSY										
	2	PARI II. OIH	EK SIGNIFICANI CON	DITIONS CON	IKIBUTING TO DEATH BUTT	NOT KELATED TO THE TEN	(MINALDISEA:	SE CONDITION GIVE	EN IN PAR		OFR O	RMED?
	2										YES	NO 🗌
	CERTIFICATION	PRIMARY OF CON	SE WAS	b. DESCRIBE F	HOW INJURY OCCURRED. (	inter noture of injury in f	orf f or Porf I	l of item 18.)				
		CAUSE OF DEATH.										
	WEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea	White	JURY OCCURRED 20e. PLA	CE OF INJURY (Home, fo ory, street, office bldg., e	orm, i 20f. (Cit	y or lown)	(Co	unty)		(Stote)
	ME	Hour o. m. p. m.	19		of work							
		21. I certify th	at I taak charge	of the re	mains described abo	ve, held an Auta	psy 🔯, I	nspection .	Inqui	ry 🔲	, an	d in my
		opinion death	resulted fram: 1	Natural ca	uses . Accident	, Suicide ,	Hamicide	Undeter	rmined	monne	er 🗌	
	П		1.	^				2000			NA.	
		ACTUAL SIGNATURE	traus 1.	1 dans	what	M.D. CHIEF MEDICAL	EXAMINER [				DATES	IGNED
5			A	-		ASSISTANT MED	ICAL EXAMIN	ER 🔲 🦟			,)	
1		EXAMINER'S NAME (Type)	-hANK.	J.B.	rosehent	DEPUTY MEDICA	AL EXAMINER	D. S.	~ /×	-	18	
	220	BURIAL, CREMATIO	N, 226. DATE THEREC	F 2	2c. NAME OF CEMETERY OF	CREMATORY	22d. LOCA	ATION (City, town, e	or county)		(Stol	<b>e</b> )
		Burial	5/17/58		Parklawn		Roc	kville, Ma	ryla	nd	18-1	
	23.	FUNERAL DIRECTOR			ADDRESS	24o. RE	C'D BY REGIS				RF	
4	1	about A.	Sumble	, 7	557 mare	nu O DATE	MAY 1 9	'58 1	Les	ue!	^	
			7	6	Belliste !	mol.	- IUA					
			/									

The state of the s		The second secon		
The second secon				
The control of the co			THE PERSON NAMED IN	
Residence of the control of the cont				
Report   Company   Company				
The state of the s				
Part of the state				
Epoch (much property) and the control of the contro				
Report of the state of the stat				
representation of the second s				
E per l'in grant de la company				
E then in the second se				
Turing the second secon			RELITERATION	
Rock   Outst-lienty 3				
Poel (nucl-1961) 3  Lucial (177, 8) Luckland (1884) Recyling (				
Lurial 7/7/36 Larklawa Acckville, warylond	Parallel and Jensey			
Lucial 3/17,80 Lacklawa Cockwills, variety of the cockwills, varyland				
Lucial 10 177, 30 Larklawn Acceptation 20 Larklawn				
Lucial Accivile, was a series of the series	branches After an expense of the access for the a			
Luplei / 7, 5, 5				
Lu Lat 17.35				
	The second contract of			Tarrest .
Lu-lal s/17, 3,				
Lurici Jaryland Rockville, waryland	The second second of the property of			
Lurial Formulation Cockville, warryland			STATE OF THE	
Lurici				
Lurich House Rockville, warspand				
Lurial s/17,80 tarklown Rockville, waryland				
Lurici = 1/17/85 Enricham Rockville, warryland				
Fueld Taying thanklawn Mockville, Macyland				
			2 1	
			00.11/1	1.12 11 1

VS A15 (4)

	BILINOVAL			To the little	AM	
THE OF SHEAPS AND		HTARG	ATE OF			
		ATTENDED				70 1014P 40121752
		age of the Control				
	A.		NO. THE			
					TU.	
				LOTE:		The same of
					chine	Stand Completed
				best bally at		admir visco i 16-
				- 1		
				SIR		

VS A15 (4) 1SM 9/S5 90

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5987 CERTIFICATE OF DEATH

Reg. Dist. No.

05975

1. PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	o. STATE	here deceosed lived. If institution b. COUNTY	ni Residence before admission)
b. CITY OR TOWN (If outside corporate limit RURAL and give neprest town) Gaithersburg	s, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporote limits, write RU	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, gi OR INSTITUTION  Asbury Methodist H		d. STREET ADDRESS	Valley Apts.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Sarah Cor ne	f Middle	Lost	4. DATE Mont	Doy Yeor 30 19 58
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED   WIDOWED   DIVORCED	8. DATE OF BIRTH May 24 1878	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Female White			00 /	12. CITIZEN OF WHAT COUNTRY?
Book keeper		Baltimor	re, Maryland	U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
Cyrus Benjamin Whi			es A. Hoadley	
IS. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no. or unknown) (If yes, give war or dates of se	rvice)	NFORMANT	Addre	
	212-07-7505A	Mr. Preston	A. Wallis - Du	laney Valley Apts
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Could myse Contributions Contributing to DEATH BUT 20b. DESCRIBE HOW INJURY OCCURRE		Port I or Port II of item 18.)	INTERVAL BETWEEN ONSET AND BEATH
20c. TIME OF INJURY Month, Doy, Yea Hour o. m. p. m.	While Not while of work of work	clory, street, office bldg., etc	n, ₁ 20f. (City or fown) )	(County) (Stote)
21. I certify that I attended the alive an may 29  ACTUAL SIGNATURE SAME E. G. OT OTHER MAME (Type)	1958, and that death		ADDRESS (Street, city or town, s	Athat I last saw the deceased and an the date stated above DATE SIGNED SING 5-30-5

	TE OF DEATH	5987 CEPTIFICA
		entred to the property of the
	Alice E Vienes deels	and the state of the contact of the
	THE RESERVE AND ADDRESS OF THE PARTY OF THE	Activity Hetnorday Hair
30 00	val eni	skiles siden tol datas
TO SERVE THE PERSON OF T	160 ZE 1.078 LO	Guine Guarde Catalina a luca
27.2	and from the confident	The state of the s
	Transfer A secretary	Crree Bertauth daite
SW years	- Eduar . post min. w	
	All the second	
		A.A. graph C. dieros papaga
		and eight sourcing Method

# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the pital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furfaces 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shortd at the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death. may be retained by the TO FUNERAL DIRECTOR:

VS A15 (4) 15M 9/55 I

C

ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

5988 CERTIFICATE OF DEATH

M

05976

								Keg. Dist.	140.	
1. PLACE OF DEATH o. COUNTY	Want		MARYLAND	II o STATE	Marvla		d lived. If institut b. COUNTY			ission)
	Montgomery									
RURAL and give	(If outside corporate liminearest town)	ts, write	c. LENGTH OF STAY IN 16 8 hours		· Sprin		rote limits, write	RURAL and giv	e nearest to	wn)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g			d. STREET		on As	/	#103	ON	A FARME
	Suburban	nos	ortar	KARL NO	rautuar	JUII AV	renue	TIU	YES	] NO(E)
3. NAME OF DECEASED (Type or print)	Fir Milto		Middle	Weir		4. DATE OF DEATH	Mo Ma		Doy 22	Year 19 58
5. SEX Male	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED	8. DATE OF BIRT			9. AGE (In years lost birthday)	Months D	YEAR IF UNI	
212022		L					40		504.05.14014	T COUNTRY
during most of wo	orking life, even if retired ate Buyer		kind of Business or interpartment Sto	re New	YORK	city	ountry)	U.S		(I COUNIKY)
13. FATHER'S NAME				14. MOTHER	S MAIDEN N	AME				
SidNey	WeinRu	26		MIN	Nie	Sil	venzi	eld		
15. WAS DECEASED (Yes, no. or unknown)	/ER IN U. S. ARMED FOR	CES? 16.		INFORMANT	heand		MAdi	iress		
				ospital H	tecord					
	EATH [Enter only one co EATH WAS CAUSED BY:	use per lir	ne for (o), (b), ond (c).]	1-1	. 1				ONSET AN	
1/201	IMMEDIATE CAUSE (o		ett myse	rideal	lafa	act	121		20	ays.
Conditions, if	DUE TO	0.		a to		0 -	a well			
gove rise to couse (a), stotin	immediate (			1		1 -	1 = 0	1	0	
lying couse lost	260X) (c	)	10 aune	turs	rea	-de	lista	otron	9-41	any
PART II. O	HER SIGNIFICANT CON	ell's	CONTRIBUTING TO DEATH B	UT NOT RELATED TO	O THE TERMIN	VAL DISEAS	E CONDITION GI	VEN IN PART 1	PERF	ORMED?
PART II. O	VAS UNDERLYING  IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature	of injury in P	ort 1 or Par	t II of item 1B.)			
20c. TIME OF INJU	JRY Month, Doy, Yes	While	NJURY OCCURRED 20e. Not while t of work	PLACE OF INJURY factory, street, office	(Home, farm, ce bldg., etc.)	20f. (Cit)	or town)	(Co	unty)	(State)
21. I certify	that I attended the	decease	ed fram Augus	uben194	1. to In	ay	22, 195	that I la	st saw the	e decease
alive on	may 21	, 19 <u>5</u>	and that dec	ith accurred a			n the causes treet, city or town			ted above
ACTUAL	govey?	Los	renthal,	_M.D. 9210	Colas	sille	Kd. Si	best	Rung	mal.
PHYSICIAN'S NAME (Type)			(						5	122/5
220. BURIAL, CREMAT REMOVAL (Specif Burla)	10N, 22b. DATE THEREC	)F	22c. NAME OF CEMETERY King David M				TION (City, town,	or county)	(St	ote) -
23. FUNERAL DIRECTO			ADDRESS	2211	240. REC'D	BY REGIS	TRAR 24b. REG	ISTRAR'S SIGN	NATURE	
D. Dany	andky 4x01	W	3501-14	JE N-W.	DATEMA	26'5	18 / 100	Feduce	1	

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MINISTER THE PROPERTY OF THE P	CRAILISHES - OF RES	
	dia,mana	
	e particular de la companya del companya del companya de la compan	The second second second second
		ne would be the form the second second to the second secon
The second secon		AT MANY
AND THE RESIDENCE OF THE PARTY	Electric von Enhance	
And a place of the second seco		
	CI-S	
	A PARTY OF THE PAR	or distance of the second seco
	N. S.	
		and person of the spirits in a
Service Control of Control	Military and art	
THE RECEIVED FOR THE AREA OF THE SECOND SECO		Married Married Marriage A

1	1	F		
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please executed	iding" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 1, should be	's Office alang with farm PM3. Page 5 may be retained far your files.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial crematian,	
r death.	nd 3 ta	retaine	12 with	
ours afte	s 1, 2, a	may be	les I and	
in 24 ho	ve Page	Page 5	File pag	
uted with	18. Gi	rm PM3.	permit.	
De exect	I in Item	with for	-transit	
should	in penci	e alang	a buria	
rtificate	"guibu	r's Offic	used as	
: This ce	ard "pe	Examine	and blue	
AMINER	the v	Medical	oge 3 sl	
ICAL EX	ate, wr	e Chier	ECTOR:	
TY MED!	certifica	ed to th	AL DIRE	Vol
DEPUT	cute the	forward	FUNER	lovomen no
2 16		161	15	63

5M 9/55

MARYLAND S	TATE DEPART	TMENT OF HEA	LTH-BALTIMORE	, 18
MEDICA		R'S CERTIFIC	ATE OF DEATH	R

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dish 15.977
1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. COUNTY MONT gomeru MARYLAND O. STATE Maryland b. COUNTY Mont gomeru
b. CITY OR TOWN III deside corporate limits, write RURAL and give negrest town)
Tak ma Park Md D. O. A Takoma Park 17
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
Washington Sanitarium + Hosb. 507 Albany Ave. VES NO
3. NAME OF PECEASED Aiddle Last 4. DATE Month Day Year
(Type or print) Robert James WeiR DR. DEATH May 6 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours long birthday) Mostly Days Married Never Marr
WIDOWED DIVORCED 14-19-98 60 yrs. Moulin Days hours mill.
10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY during most of warking life-year if retired)
Marble Setter alangand ARI+MARKE, Wash DC. U.SA.
13. FATHER'S MAIDEN NAME
Robert Weir Margaret Henry
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (If yes, give wor or dotes of service)
Yes IWWI 1577-05-3334 Mrs Ruth Swelk-Dameas Abo
18. CAUSE OF DEATH [Enler only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) COMMANY ARRIVED AND MICHAEL  MICHAEL MAN CAUSE (0) MICHAEL MA
420.1 DUE TO
Canditians, if any, which (b)
gave rise to immediate cause (a), stating the underlying DUE TO
cause last. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY   ar CONTRIBUTING   CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Port II af item 18.)
20a. EXTERNAL CAUSE WAS PRIMARY   D or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w
21. I certify that I taak charge af the remains described above, held an Autopsy, Inspection Z, Inquiry Z, and find the
death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
4
SIGNATURE JACKA C. STORAGHALT M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
EXAMINER'S THANK I PHOSCINANT DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT
220. BURIAL CREMATION, 12th, DATE THEREOF 12th, NAME OF CEMETERY OR CREMATORY 22th, LOCATION (City town or county) (State)
BURIAL 5/9/58 Arlington National Cemetery Arlington, Va.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE
Warner & Tumphrely, SILVER SPRING, MD. DATE MAY 8 58 Well-educh

MTATE TO STADERIED 2000/HMAXE-HADICEM CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE The second second second The state of the s

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5989 **CERTIFICATE OF DEATH**

05978

		ray, Dist. 140.
Montgomery Maryu	2. USUAL RESIDENCE (Where deceased lived. o. STATE Maryland	If institution, Residence before admission) COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	V 62	nits, write RURAL and give nearest town)
Chevy Chase d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE
7210 Summit Ave.	7210 Summit Ave	ON A FARM? YES NO
NAME OF DECEASED (Type or print) Maurice E. Weschler	Lost 4. DATE OF DEATH	Month Day Yeor 2 19 5
sex nale    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   NEVER MARRIED   DIVORCED   DIVORCED	7   5/12/07   100	E (In years birthday) Months Doys Hours Min.
a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTR
Engineer FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME	
Adam Weschler	Margaret Howell	
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.		210 Astimmit Ave.
(9), no. or unknown) (If yes, give war ar dates of service)		ne vy Chase Md.
couse (o), stoting the <u>under-lying couse lost.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERMINAL DISEASE CON	PERFORMED?
	URRED. (Enter noture of injury in Port 1 or Port 11 of i	YES NO. NO.
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not while of work 10 to work 10	e. PLACE OF INJURY (Home, form, 20f. (City or tow foctory, street, office bldg., etc.)	vn) (County) (State
21. I certify that lattended the deceased from JU alive on 430 1958, and that a signature with the signature of the signature	eath accurred at ( 20 A M, from the ADDRESS (Street, ci	
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMET		City, town, or county) (Stote) gton, D.C.
FUNERAL DIRECTOR'S SIGNATURE 290 TODARESS th	te N.W. 240. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
The S.H. Hines Co. Weshington		(200 1 2 222 2

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 For this certificate has been signed by the attending physician and completely filled in by the fund of for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be rematian, ar remayal, and incomp event within 72 hours after death. page 3 shauld be detached far use as the burial-tra the registrar priar ta burial, crematian, ar remaval, TO HOSPITAL OR ATTENP may be retained by the TO FUNERAL DIRECTOR:

M

00

VS A1S (4) 1SM 9/55

Part of the second	HE OF DEATH	GERTIPICA		
			The second secon	and a second
	allin of the s			
			L. IV. Projet	
			. Date to	
		Dene is Des		
	on and			
	camil .ii au			HITCHES T.
AV Charletonik	THE WAR	4554595		STHE-HIND TO
		11		
			6 7 1 1 7	
ment the confidence can be not below a form of the confidence of t	A. The Marketonian	All the second terms of th	etak ett sekreturi kri 11	Similar (C)
		BELLER	d T.M.Y	
a complete production of the complete production		PO TEN AND TO SHAPE OF		
and the second of the second of	Via set	Tara - Hilliam tare	20, 10, 10, 10, 10	Cheffore (1)2

havrs after death.

papers.

ove

should

ro FUNEI page 3

carbon 1

TO PAR AND SAFE			
Personal contract			
få ev			
CANAL TOWN	71 - as - 1301	Sales Surface	
		District To be see STIM	
(1) S - 12 (1)			of entires they
	The other death and		
	paid of the second		
	A Commence of the Commence of	The last back at last and in	
	al reference to the company of the c	and temporary out failure limit to the land of the lan	to these property of the control of
100	A VARIOUS DE LES ENTREMES	Turcolla in indications in	
	Pulse Control State (Control		

VS A15 (4) 15M 10/57 50

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
5991	CERTIFICATE	OF	DEATH	

	•							Reg. Dist	, No,	
1. PLACE OF DEATH  o. COUNTY  Montg	merv		MARYLAND	2. U	sual residence (WI STATE Pennsyl		lived. If institution b. COUNTY	on: Residence	before admission	1)
b. CITY OR TOWN (If outside co		rite c. LENGTH	OF STAY IN 1b	-	CITY OR TOWN (If o		ote limits write RI	IRAL ond air	ve negrest town)	
RURAL and give nearest town						FEE 31	Oic 1111113, Willo Ki	1 h	e nearest town,	,
d. NAME OF HOSPITAL (If not i	- translat -in-		days	-	Unionto	WILL		3 X -	5	V
or institution The Clinical			The Ma		53 Mill	view S	treet.		e. IS RESIDI ON A FA	ARM?
3. NAME OF	First	Dooneoud	Middle		lost	4. DATE		4		
DECEASED (Type or print)	James		Eugene		Whitely	OF DEATH	Man		Doy Yes	
5. SEX 6. COLO	R OR RACE 7.	MARRIED   NEVE			TE OF BIRTH		9. AGE (In years last birthdoy)		YEAR IF UNDER	
Male Wh	ite wi	OOWED	DIVORCED [	Apr	il 2, 1939		19 yrs.	Months D	Days Hours	Min.
100. USUAL OCCUPATION (Give k	nd of work done	10b. KIND OF BU	SINESS OR INDU	JSTRY 1	11. BIRTHPLACE (Stote	or foreign co	untry)	12. CITIZ	EN OF WHAT CO	DUNTRY
Student strang life, ev	en ir renireo)	None			Marylan	d		3 4	U.S.A.	
13. FATHER'S NAME	EEN LL		4	14.	MOTHER'S MAIDEN		THE STATE OF			7
George W. White	ely				Ellen D	ve				
15. WAS DECEASED EVER IN U. S.	ARMED FORCES?	16. SOCIAL SECU	JRITY NO. 17.	INFORM	MANT The Med		ecord Addr	ess		
(Yes. no. or unknown) (If yes, give w	ar or dates of service)	183-30-			Clinical				, Maryla	nd
18. CAUSE OF DEATH [Enter		per line for (o), (b)	, ond (c).]			May I			INTERVAL BETW	VEEN
PART I. DEATH WAS C	AUSED BY: TE CAUSE (o)	Cardiac .	Arrest						ONSET AND DI	•
4111	DUE TO									
Conditions, if ony, which	)	Shock							60 Min	
gove rise to immediate									00 11211	•
lying couse lost.		Phonmati	a Waamt	Die	ease, Aort	ia Tno	nefficient or	2075	2 Yrs	
CATIC					TO THE TEXT	THE DISERSE	CONDITION ON	LININIANI	PERFORM YES 🔼 N	AED?
20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL I	OF DEATH EXAMINER) 20b.	DESCRIBE HOW I	NJURY OCCURR	ED. (Ent	er nature of injury in I	Port I or Part	Il of item 18.)			
3 20c. TIME OF INJURY Month,	Doy, Year 2	Od. INJURY OCCU	RRED 20e. P	LACE O	F INJURY (Home, form	20f. (City	or town)	ICo.	ounty)	(Stole)
20c. TIME OF INJURY Month, Hour o. m. p. m.		hile Not wh	ile fo	actory, s	treet, office bldg., etc	-)		, , ,	//	(0.0.0)
	01	work of work			F0 W	71.	70			
21. I certify that I atte	nded the dec		ay 4,		, 19 58 , to M	ay 14,	19 50	_,that I la	ist saw the de	ecease
alive on May 14,		19 58 , ar	nd that deat	h accu	urred at 1:24	M, fram	the causes a	nd an the	e date stated	above
10	. 1	116	1.			ADDKE33 (31)	eer, city or rown,	stote)	DAIL	E SIGNE
ACTUAL SIGNATURE	char	el lea	ut	M.D.	The Cl	inical	Center		5-14-	58
			/		Nation	al Ins	titutes	of Hea	alth	
PHYSICIAN'S J. Ric	hard Cro	ut. M. D			Bethes	da 14.	Marylan	d		
	ATE THEREOF	22c. NAME	OF CEMETERY	OR CREA			ON (City, town, o		(State)	
Removal (Specify) 5/:	15/1958	en en							sylvani	ia
23. FUNERAL DIRECTOR'S SIGNATU		ADDRES		D. (	3 e 24a. REC'	D BY REGISTR	AR 24b. REGIS	STRAR'S SIGN	NATURE	- 1
The S.H. Hines	Co. 29	701 14th	st.,N	I.W.	DATE M	IAY 1 6 '	58 000	. (	-1	
					- W	INI LO	20 1	The same	18/4	

	THE BROMSTEAS STEE			.~ .	
	MYA	an to ar	ne legen	*, .	
	4.00	PROFESSION NAMED AND ADDRESS.			
13 1					
Street, where					
			brall donellos	ne de la companya del companya de la companya del companya de la c	
The same of the sa					
Acres 1					
The second					
				A 15 TO 10	E guesta F
	TO SECURE Y POSSESS				
			BEE IN THE SEC		
A CONTRACTOR OF THE PARTY OF TH					
			Andrea early and the state of t		
			Control 18 to 1970		
			l year early		
			will will be to		
	n ca tipo areas els mintrole del s			, ,	
0.					
		BE. LA		complete company	
Address of the			Arts desig		
	AF (OR A. W. NORSE A STATE				
		U.S.		*	

	MARY		• · · · · · · · · · · · · · · · · · · ·	MENT OF HEALT	H-BAL	TIMORE, 18	0	5981
	5	992	CERTIFIC	ATE OF DEAT	H	Re	g. Dist. No	
1. PLACE OF DEATH 6. COUNTY Montgome:	rv		MARYLAND	2. USUAL RESIDENCE (Was STATE Kentucky	Vhere deceased			
	f outside corporate limi	ls, write	c. LENGTH OF STAY IN 16			rote limits, write RURA	L ond give ne	arest town)
Bethesda	eoresi iownj		41 days	Covingto	n	5.	5 x	3
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	ical Center	. Be	thesda 14, Md.	1225 Hig	hway A	venue		YES NO DE
B. NAME OF DECEASED	Fir	st	Middle	Last	4. DATE	Month	Do	y Year
(Type or print)	Agr	les	Frances	Wildt	DEATH	May	13	1958
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years IF t		IF UNDER 24 HRS.
Female	White	WIDOW		October 30		54 yrs.	onths Doys	Hours Min.
Oa. USUAL OCCUPATION during most of work	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR INDE	USTRY 11. BIRTHPLACE (Stot	e or foreign co	ountry)	12. CITIZEN C	F WHAT COUNTR
Housewife	8		None		orado		U. S	. A.
3. FATHER'S NAME				14. MOTHER'S MAIDEN				
Marcus S	-				es Rocl			
	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO. 17.	INFORMANT The Me	dical I	Record Address		
No		Un	ascertainable	The Clinica	1 Cent	ter. Bethes	sda 14	Marylan
		use per li	ne for (o), (b), and (c).]		0		LINT	ERVAL BETWEEN
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1/2	patie rau	we with	com	o au	d	Gay S
581.0	DUE TO		- Bile nep	houses				
Conditions, if o		)	Biliary	curkese	v			6 cms
gove rise to i							44	
lying couse lost.	(c	)						
PART II. OTH	IER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER/	MINAL DISEASI	E CONDITION GIVEN	IN PART 1(o)	P. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port	t II of item 1B.)		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes 19	20d. II While of wor	Not while fe	LACE OF INJURY (Home, for octory, street, office bldg., e	rm, 20f. (City	or town)	(County)	(Stote)
21. I certify th	at Lattended the	deceas	ed from April 2	. 1958 to	May 1	3. 19 58,11	not I last s	nw the decease
	av 13.	. 195	8 and that deat	h occurred at 8:07	PM from	the course and	on the de	to stated abou
1		2	2	occorred di		reet, city or town, state		DATE SIGN
ACTUAL SIGNATURE	ward /	2/3	elieu	Mo The Cli	nical (	Center		5/14/58
						itutes of 1	Health	
PHYSICIAN'S NAME (Type)	Edward G. E	igli	eri, M. D.	Rethesd		Maryla nd	TO COME OF I	
20. BURIAL, CREMATIO	N, 22b. DATE THEREC	F	22c. NAME OF CEMETERY (			ION (City, town, or co	ounty)	(Stote)
ure Monal (Specify)	it 5/19/5	8	Fairmont			nver Col		(310.0)
3. FUNERAL DIRECTOR	S SIGNATURE	)	ADDRESS		O'D BY REGIST			RE
overplay	Pumphrey	Be	thesda - Mar			'58 (200	1	1

Mid.

**D FUNERAL DIRECTOR**: Again this certificate has been signed by the ottending physician and campletely filled in by the funer page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDIN moy be retained by the TO FUNERAL DIRECTOR: VS A15 (4) 15M 10/57

G PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death: Page 4

THE SECOND 1. , 2 the first of the control of the cont English to street the car Comment of the A CONTRACTOR OF THE PARTY OF TH to the second of office in the day to the color than the color than the

1			AENT OF HEALTH—BALTIMORE, 18 LmG229 5-29-58 et ATE OF DEATH	05982
	4	0000	Reg. 1	Dist. No.
		PLACE OF DEATH COUNTY HONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resid o. STATE MARYLAND b. COUNTY M.C.	ence before admission) NTGOHERY
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give neasest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	d give nearest town)
0		d. NAME OF HOSPITAL (If not in hospital give street apparess) OR INSTITUTION  At home	8102 TAHONA DRIVE	e. IS RESIDENC ON A FARM YES NO
		NAME OF DECEASED (Type or print)  FLEURETTE JOAN	Lost 4. DATE Month OF DEATH MAY	Doy Yeor 21 195
1	5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED .	B. DATE OF BIRTH / 23 9. AGE (In yeors   IF UND)   Months   35 yrs.	ER 1 YEAR IF UNDER 24 H
/	100	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	SOUTH AMBOY, N.J.	CITIZEN OF WHAT COUL
	13.	JOSEPH A. BESNER	14. MOTHER'S MAIDEN NAME SOPHIE REHFUSS	
	15. (Ye	s, no, or unknown)   (If yes, give wor or dates of service)	DOROTHY M, BESNER TAGGET SOUTH	RDENTOWN :
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  CEREBRAL	METASTASES	INTERVAL BETWEEN
		Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  DUE TO  (b)  CARCINOMA  DUE TO  (c)	OF THE BREAST	4 HOUT
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		ART 1(0) 19. WAS AUTOF PERFORMED YES NO
	-	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Poly Poly Poly Poly Poly Poly Poly Poly	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.)	(County) (St
				I last saw the dece
		no al o o	h occurred of 7:30 P.M., from the couses and on ADDRESS (Street, city or town, state)  MD 7720 WISCONSIN AVE. 8	
1		actual signature John H. Ducky  Physician's NAME (Type)	ADDRESS (Street, city or town, stote)	the date stated of DATE SI
1	720	ACTUAL JOHN H. Ducky	ADDRESS (Street, city or town, stote)  M.D. 7720 WISCONSIN AVE, B	BETHESON, MD

MTASIC ROST	ADHINED LEGOS.	
E STEATH OF THE TOTAL OF THE STEAT OF THE ST	SHOPE WEST	Little House Say
	HE STEP STATE OF STAT	
	74 3	
		Visit Car
2517167 1181108		
	A (1)(x) > x ² > 5	
TOTAL STATE OF THE REPORT OF THE PROPERTY OF THE PARTY OF		20 - X to 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
	The poster construction of LTC	
And the second of the second o	Market in 122 H 102	bissin Frail ytima Fift (b) do min
Marketine Chr. Accessed to the	2007/77/2012/100	A DE LA MARIE
	TO SEE THE SECOND	
A STATE OF THE PARTY OF THE PAR	THE STATE OF THE S	manufacture and the

director, iled with

.0

filled

5994

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE Maryland b. COUNTY MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda 16 hours (Rural Lexington Park d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? U.S. Naval Hospital, NNMC, Bethesda, Md. Rt 1, Box 370 YES NO IX NAME OF Middle 4. DATE Month Day Yeor DECEASED 1958 (Type or print) WILSON DEATH May Baby Boy 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days May 30, Male White WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Bethesda, Maryland U.S.A. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eugene WILSON Annie Ruth BULLARD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Eugene Wilson, same as No None 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.} Not while at work at work May 30 58 21. I certify that I attended the deceased fram. 58, that I last saw the deceased and that death accurred at 4:05P M, from the causes and on the date stated above. alive on May ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL U. S. Naval Hospital, NNMC PHYSICIAN'S KENNETH W. SELL, LT, MC, USN Bethesda, Maryland 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) National Cemetery Beaufort So. Carolina 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b_REGISTRAR'S SIGNATURE Bethesda, Md. 7557 Wisconsin Ave DATE JUN 3 Funeral Home.

within pup attending ! requires that the death ithin d rmit. gned i Pe puo OR DIRECT should HOSPITAL FUNERAL m

9

VS A15 (4)

15M 10/57

9UUUUV VXV

S

The order of the second second	OFFICE	
		esan tra
	6570 35	(angle) Sime (us)
	. E. abnada ot	
		Her and the state of the state
	89 bs 69	
Mara wa Saza Gana		
	)	
The state of the state of the state of the state of		
to the minimum services and the services of th		
The first with the first product of the first party	12 100	
application of the contract of	U INHOLD V	
The second of th	Service Control	

Æ

• 4 5			
MARYLAND STA	TE DEPARTMENT	OF HEALTH—BALTIMORE, 1	18
** O 4'O		Or Haraill Briefiniona,	. •

Item 11. Film	G-229 5/	23/50 cac	ICATE C	F DEATH	1		Reg. Dist. No	D.	
o. COUNTY Monty	omery	MARYL	II o STA	ATE mary	1 1	ved. If institution b. COUNTY	Residence bef	_	sion)
b. CITY OR TOWN (If outside corpor RURAL and give negrest town)		c. LENGTH OF STAY IN		y or town life of Hya	HS U 1°	e limits, write RU	RAL ond give no	5, 2	n) /
d. NAME OF HOSPITAL (If not in h OR INSTITUTION J Washington S	anitario		1 1	REET ADDRESS	1 ERI	e 5+		ON	SIDENCE A FARM? NO
NAME OF DECEASED (Type or print)	First	Middle	w	last 01f	4. DATE OF DEATH	Month			Year 1958
male 6. color o	re WIDOWE		0 12	- 25- 9	72	lost birthday) 65 yrs	FUNDER 1 YEA Months Days		Min.
during most of working life, even	if retired)	Retire o		Baltimo			12. CITIZEN		can
Elia Woll	S _{alamin}			yetta	LUO	18.			
WAS DECEASED EVER IN U. S. ARI	fannan å sannan	social security no. 17-07-6960	17. INFORMAN	m rs.	Ed. H	Addre		Erre	St Hes
PART I. DEATH Enter on PART I. DEATH WAS CAU IMMEDIATE ( Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost.  PART II. OTHER SIGNIFICA	SED BY: CAUSE (o) ACC  DUE TO  (b) ACC  DUE TO  (c)	ite Corona terros el	erotie	Heart	= mys	infare	tim	TERVAL BISET AND	years
		RIBE HOW INJURY OCC					N IN PART I(0)	PERFO	DRMED?
200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	DEATH MINER)								
20c. TIME OF INJURY Month, I Hour o. m. // 34 p. m. May	Doy, Year 20d. IN 15 1958 of work	Not while	De. PLACE OF IN foctory, street	JURY (Home, form t, office bldg., etc.	20f. (City or	r town)	(County	)	(State)
21. I certify that I attend	1 pm / _		1/3/19	/	5/15	1958	that I last s	saw the	deceased
ACTUAL SIGNATURE RUSSI	3/., 195	and that d	leath accurre	od at 1:30 g		the causes are et, city or town, si Road.			ed abave.  ATE SIGNED  5/58
PHYSICIAN'S RUSSE,	11 B. A	rnold		ever So	pring.	, md			
STURIAL, CREMATION, 22b. DATE SEMOVAL (Specify) 5/18	THEREOF	Chelas S	ery or cremate	Bus	LOCATIO	N (City, town, or	tous	D'(Sto	ite)
FUNERAL DIRECTOR'S SIGNATURE	meral Hr	ADDRESS m. 4217-	94Stn	240. REC'I	D BY REGISTRA V 1 9 '58	R 24b. REGIST	RAR'S SIGNAT	JRE	

OF STOMESTIC-HTARK TO THE METATE THAT CHALLY SAME HTAGO TO STADISHTSO, TO US THE RESERVED TO STATE OF THE PARTY OF THE PROPERTY OF

VS A1S (4) 1SM 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5995 CERTIFICATE OF DEATH

Rog. Dist. No.(15985

1. PLACE OF DEATH  o. COUNTY  Montgomery	MARYLAND	2. USUAL RESIDENCE (WE o. STATE North Car		ed. If institution b. COUNTY	n: Residence bef	ore admiss	ion)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)  Norbeak	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a		limits, write RU	RAL and give no	earest town	1)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION residence		d. STREET ADDRESS					FARM?
3. NAME OF DECEASED (Type or print) Lotti.	Middle Jordon	Worthy	4. DATE OF DEATH	Manth		-,	Year 19 58
5. SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH May 9. 1897	9. /	AGE (In years	F UNDER 1 YEA Manths Days	R IF UNDE	R 24 HRS. Min,
10o. USUAL OCCUPATION (Give kind af work done during most of working life, even if retired)  Domestie		North Ce	rolina	VI.	12. CITIZEN	OF WHAT	
3. FATHER'S NAME George Mo Rac		Mary Ba					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)		Mary Small		Spring,		oute 7	# 1
18. CAUSE OF DEATH [Enter only ane cause per PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  Canditions, if only, which gave rise to immediate couse (a), stating the under- lying cause last.  (c)	Coronary 1	Thrombosis Fib ive Cardiorens Lerosis Diab		se	200	TERVAL BE	TWEEN DEATH
PART II. OTHER SIGNIFICANT CONDITIONS  260 Bense-Jones Protein  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	uria. An	aputated left	leg.		N IN PART 1(a)	PERFO	AUTOPSY PRMED? NO
	SCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part I ar Part II o	af item 18.)			
Hour a.m. Whil		LACE OF INJURY (Hame, farm actory, street, affice bldg., etc	n, 20f. (City or :.)	tawn)	(Caunty	')	(State)
21. I certify that I attended the decedative on May 23 , 19  ACTUAL SIGNATURE PHYSICIAN'S THE I attended the decedation of the decedation of the second seco	58, ond that death	h occurred ot 12: P	M, fram the ADDRESS (Street	he couses and, city or town, st	nd an the de	ate state	
220. BURIAL, CREMATION, RECOVERY DESCRIPTION STATE THEREOF 5/28/58	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION	V (City town or	county)	(Stat	e)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Rookville, M	d.	D BY REGISTRAR	24b. REGIST	RAR'S SIGNATI	URE	

- angoldena 0 a n and a series of a common the continues Charles (anemiated attack troot Cand Might a stoletile a tenentago inches E-121 0 1673 13824-4330 When the state of we will describe the profit of the party of . C. . Proliman .54 .=Ziiyaba | Januar Haller Haraka India

may be retained by the haspitol o TO HOSPITAL OR ATTEN

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5996 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

Reg. Dist. No. 05986

1. PLACE OF DEATH o. COUNTY  Montgomery  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE  Maryland  b. COUNTY  Mont	gomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Silver Spring	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 9108 Louis Avenue	d. STREET ADDRESS 9108 Louis Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) EMMA S. ZWI	SSLER Lost OF DEATH May 29 KK, 19	95 8 Yeor
Female White WIDOWED DIVORCED	Sept. 21, 1878 79 yrs. 8 Months	TYEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	New York US	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Anthony Schneider	Barbara Gutefleisch	
	NFORMANT Address	
	Mrs. Leona M. Rush-4847 Lelan	d St. ChevyCl
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)		INTERVAL BETWEEN VI
Conditions, if ony, which gove rise to immediate (b) Arternales	tic Keart drine	7.
couse (o), stoting the under- lying couse last.  DUE TO  (c) Aly perlures		7
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  498 A Carbad Heavy A  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	with readant hempligion	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while for ot work 10 to work	ACE OF INJURY (Home, farm, 20f. (City or town) (Citory, street, office bldg., etc.)	ounty) (State)
21. I certify that I attended the deceased from.	1947, ta may 29, 1958, that I le	ast saw the deceased
alive an		
ACTUAL SIGNATURE MARCHANICATION OF THE SIGNATURE	M.D. 3118 - 16th Street, N. V	DATE SIGNED
PHYSICIAN'S H.S.Hoffman	Washington, D. C.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL Specify) 5/31/1958 Cedar Hill C		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	emetery Prince Georges M	
Robert A. Pumphrey-7557Wis. Ave. Beth	esda, Monte Jun 2 '58 Colored	3"

	Distriction	:bn.√		
	Silver apring		2110	
	blost culs Avenue	eun. V	9110	
		•	1907	DAY.
	3ept. 21, 1078 - 78			March.
ABI	240V. vsZ. = -			ilweruo!
1	oaralle it. O ermondel		201110	1 .1 .
		1		

TO TREMTHATE DE STATE OF